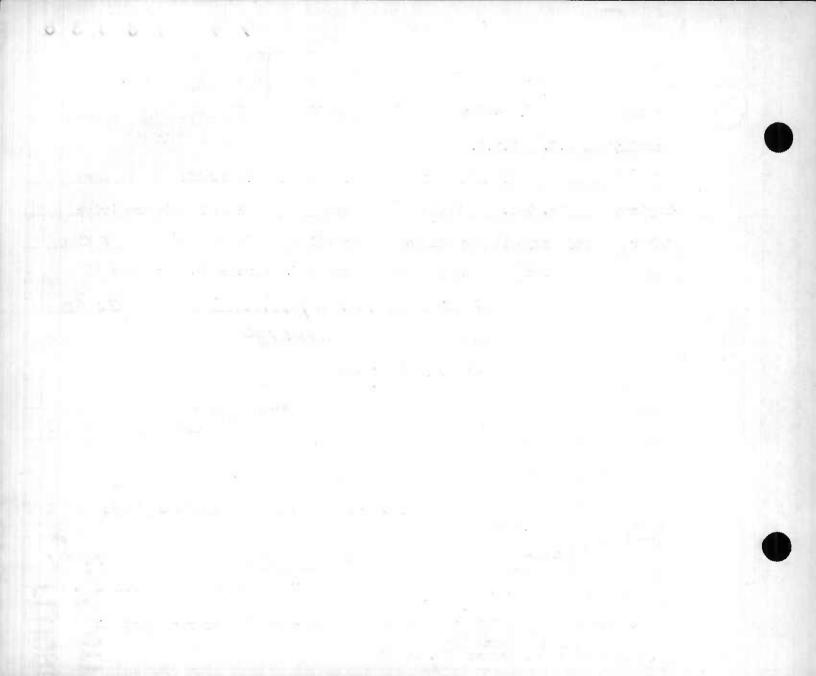
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) Lillie B. ANDERSON July 2, 1979 8:40 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH OAY YEAR HOURS BLACK FEMALE 23rd 1973 AUG. O BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY GEORGIA Prince Georges County WIDOWED Q CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR FNOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Glenn Dale Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Glenn Dale HOUSEWIFE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
136 COUNTY 137 CITY OR TOWN 13e STREET ADDRESS WASHINGTON 320 D St. D.C. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE DAVID SHEPHERD GEORBIA JONES ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LIF YES GIVE WAR OR OATEST NO 579-72-0590 OLIVER C. ANDERSON 320 D ST. N.E. BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic-PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pneumonia Davs DUE TO, OR AS A CONSEQUENCE OF Pulmonary tuberculosis 2 Months Conditions, if ony, which gove rise to immediate cause 101, stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/16 Chronic brain syndrome CERTIFICATION 206 IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21e PLACE OF INJURY 21f. LOCATION 5 CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that X (this hospital) attended the deceased from June 9 79 ., and that in (🕵) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED 00 ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN \pm July 2,1979 should be det with the State IMPORTANT 220 ADDRESSGlenn Dale Hospital 22d. PHYSICIAN'S NAME (TYPE OR PRINT) James W. Wills, M.D. Glenn Dale, Maryland 20769 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY STATE COUNTY BURIAL HARMONY MEMORIAL PARK LANDOVER MD 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4)) BROS. FUNERAL HOME 621 Fla. Ave. N.W.

	1 -	FOR STATE REGISTRAR		DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MEN CERTIFICATE OF DEA	HTAL HYGIENE 7 9	1 8	0	3 6
		CEASED NAME FIRST		MIDDLE	LAST	20. DATE OF DEAT		YEAR	2b. HOUR
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	3 SE	(4 RACE		5 DATE OF BIRTH	& AGE (IN YEARS LAST		NDER I YEAR	# UNDER 24 HRS
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ficate be execute hysician and cor popers. Pages 1 navol. ent, the medicale	Ióa V	VAS DECEASED EVER IN U.S.			RITY NO. 17 INFORMANT		DORESS	,,	
thoi the death cert. d by the attending peose remove carbon tol. cremation, or ren		Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.	(b)_ DUE TO, (OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE OF AS A CONSEQUE	sursur	y Arrest mhage		**	www.
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the hospital DIRECTOR. Ched for us		226.1 certify that (1) (this had sow the deceased alive above, (1) (we) (did) (did) 22b. SIGNATURE	on Fuly	7/6 193	ond that in (my) (ou DEGREE	n) opinion death occurred on the			SIGNED
ro Hospital setoined by the TO FUNERAL Established be detoined the State Elimportant: H		Hema P. Yad	la, M.D.		22e ADDRESS 4410 -	74th Avenue, 1		le, Md	
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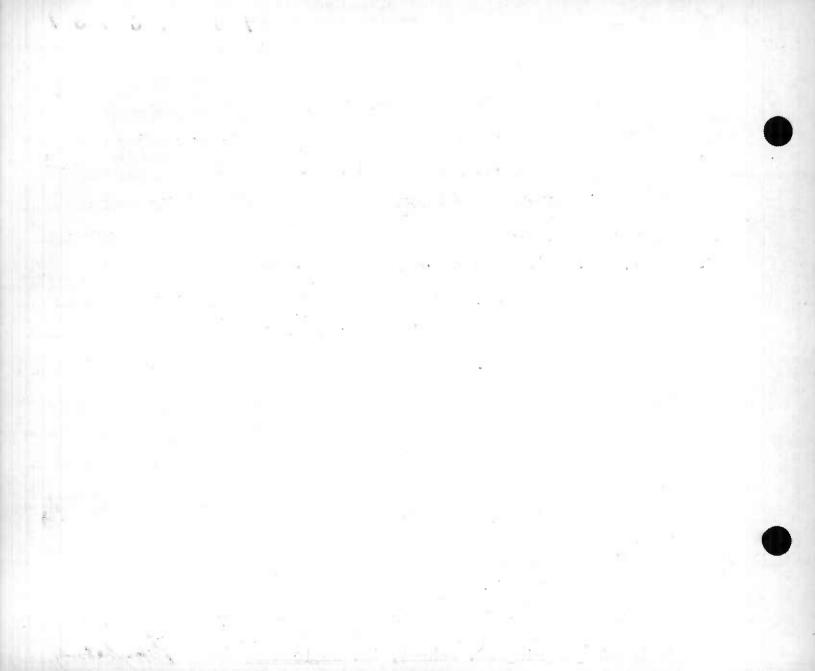
24 FUNERAL DIRECTOR Beall Funeral Home, 9013 Annapolis Rd. Lanham, Md. 20801

256. DATE REC'D. BY REGISTRAR 256. REGISTRAP'S SIGNATURE STORY

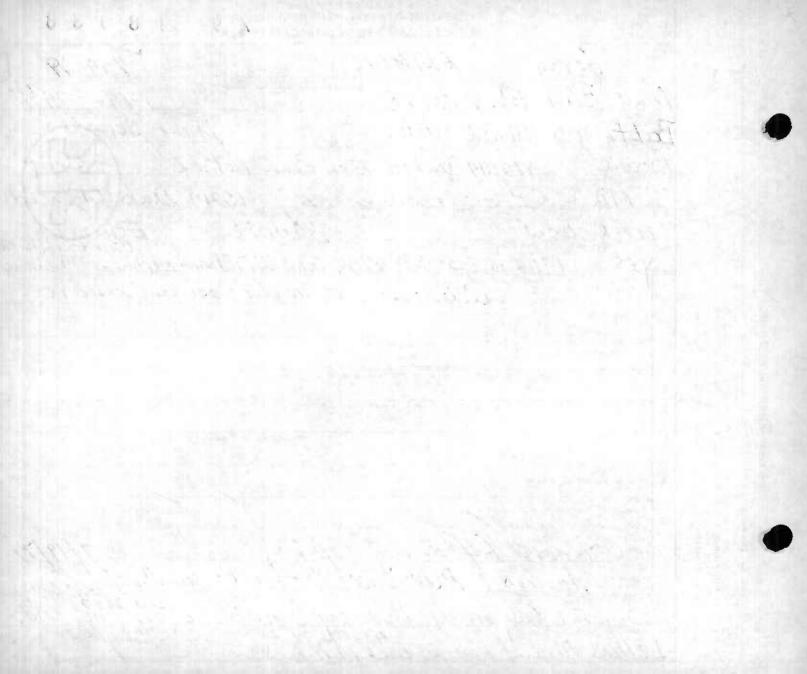


DIVISION OF VITAL RECORDS, 201

STATE OF MARYLAND



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	1 0 5	REGISTRAR	WED	ICAL EXAMIN		ICATE OPDE	IVE	G. NO.		
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EXAMINER: CERTIFICATE UID BE FOR DIRECTOR: WITH THE S	12	22a. I certify that I taok charged death resulted from: Natu			Autapsy [_],	Inspection ,	Inquiry [],	and in my ap	inion	
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TO MEDICAL EXAMINER: SECULT FINE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND, 2		(TYPE OR PRINT)	1810 P.1	Caprillia	LCZ ADDRESS		aypurn	Curt (cup of	suys
PATO PATO	239.8	URIAL, PREMATION, REMOVAL	13h DATE	23c. NAME OF CEA	METERY OR CREMA	TORY 23d. L	OCATION /	rd 26	03/	STATE
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

CERTIFICATE OF DEATH

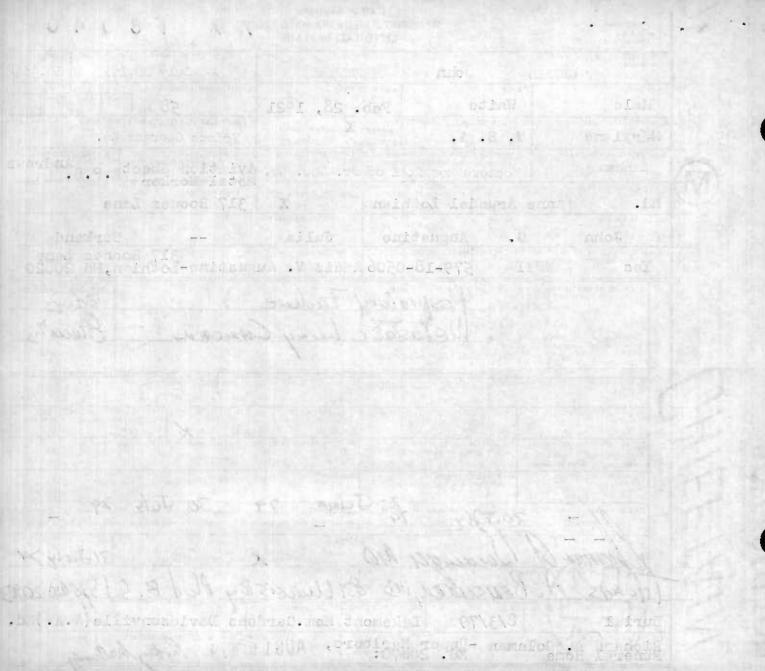
FOR

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REGISTRAR



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hos bee	CERTIFICATION	190 DATE OF OPER.	ATION .	196 CONT	DITION FOR WH	ICH OPERATIO	N WAS PERFO	DRMED	YES N	IN IN	D. IF YES, WERE FIN CERTIFYING CAUS YES	DINGS USED SES OF DEATH? NO
orial-tronsit entol Hygie frem 18 she		210. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEA	TH HOUR A	OF INJURY	DAY YEAR	21¢ HOW IN	NJURY OCCURE	ED (ENTER NATURE	OF INJURY IN F	ITEM 18, PART 1 OR PART	2)
s the bur and Me	MEDICAL	21d. INJURY OCCUI	WHILE	21e PLACE (AT HOME, S	OF INJURY TREET, FACTORY, OFF	ICE, FARM, ETC.)	21f. LOCATI	ON	Cit	Y OR TOWN	COUNTY	STATE
CTOR: Af I for use a of Health		22a.1 certify that (sed plive on		119	11.4	ad that in (my) (our) opinion	to	the date o	and hour and from	, that (I) (we) last the causes stated
NERAL DIRECT be detached for e State Dept. of TANT; If Item 2		noma	1/1	Dec	ungl	1 40		PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	31	Suly >4
TO FUNERAL should be det with the State	1	TO MAS	He	BEUS	CIKER	mb .	27e. ADDRES	uivers	idy Bl	od E	3. S. 15	14 (4) 2080
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- 16 50M 7/77 : A 15 (4))	Pi	NERAL DIRECTOR Chard A Ineral H	· Col	Leman	-Uppor	owarlb	oro,	AUG1	6 1979	STRAR 256.	REGISTRAR'S SIGN	ATURE



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axomine /	14. F		alvin 11an-	Tuell	15 MOTHER'S MAIDEN N	MIDDLE Frances	Johnson
_		WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECURITY NO		ADDRESS	Odinison
medica		No No	- WAR OR DATES)	233-44-9668	Betty J. Be	ailey-Address s	ame as #13 abo
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ven			TE CAUSE (a)	Heart +	quelio		
, ar athe	S	underlying cause last.	(c)	AS A CONSEQUENCE OF	end Par	MINAL DISEASE OR CONDITION	N GIVEN IN PART 1(a)
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Item 18 sh		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DAY YEA	R	RRED (ENTER NATURE OF INJURY IN ITE	m 18, PART 1 OR PART 2)
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n 21		saw the deceased alive an above, (I) (was (did) (did no	7-9 t) view the body	after death.		death occurred on the date and	
IT: If her		22b. SIGNATURE	hore	1 Pel		MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
IMPORTANT		22d. PHYSICIAN'S NAME (TYPE O	1 . //	skin	22e. ADDRESS, (0 9	spring st silver sprin	, und
₹	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE		CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	LOUNTY STA
		Burlat	July 13	,1979 Monte	Vista Park	Bluefield-M	ercer CoWest
3	24. 1	UNERAL DIRECTOR	1	ADDRESS	25a. D.A	TE REC'D BY REQUETROR 256. RE	GISTA PASSISIONA HUERTAN
		Chambers Funera	1 Home-F	diverdale, Ma	ryland		"United

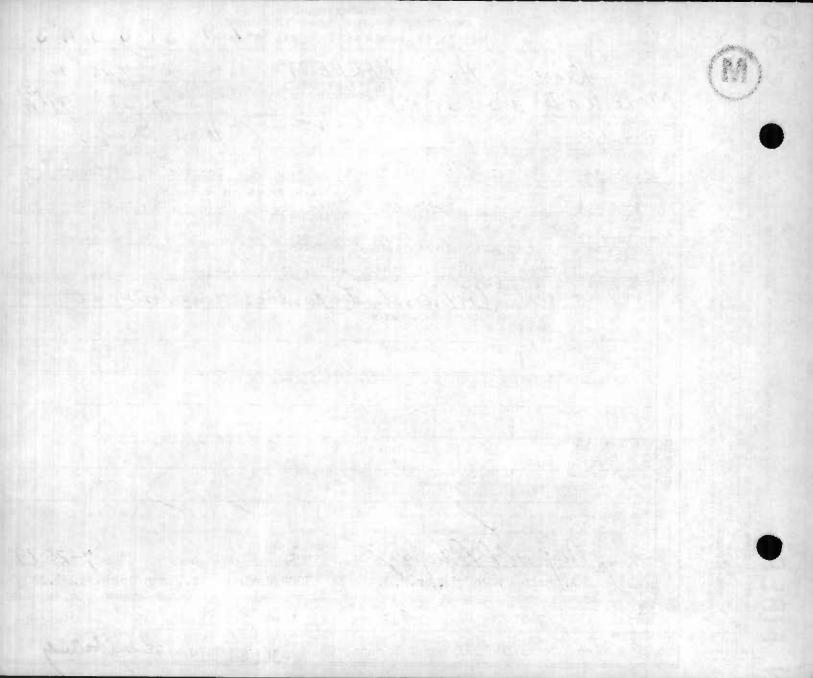
3 3 4 1 American Secretary Control of the second of political courses to profit the state of the profit of the state of th . William Strand and Stranger A. A. Milley-Aldrida and the stranger THEORY OF THE PROPERTY OF THE PARTY OF THE P district and formal property

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME BARNES 2a DATE OF DEATH M. MONTH (TYPE OR PRINT) m L: 11:an Barnes 4 RACE 3 SEX 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Female White 1886 April 20 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED D.C. U.S.A. Prince Georges WIDOWED DIVORCED IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Hvattsville Carroll Manor Nursing Home Home Homemaker 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Montgomery Md. Silver Spring 8623 Piney Branch Road 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Magnus Koechling Regina Robinson 17 INFORMANT Daughter ADDRESS Silver Spring. Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES! Unknown Catherine A Virnston, 8623 Piney Branch Rd. 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 OR AS A CONSEQUENCE OF 2 months Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlyina couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I Mental Hyg 21g ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STATE WHILE NOT WHILE 220.1 certify that (1) (this ham tell) attended the deceased from saw the deceased alive on_ and that in (my) (mer) apinian death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) (sew the body after death 22b. SIGNATURE DEGREE 221 DATE SIGNED ATTENDING MEDICAL STAFF TO FUNERAL D should be detor DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPEOR PRINT) 22e ADDRESS James J Foster, M.D. 916--19th St., N.W. Washington, D.C. 234 NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Arlington National Cemetery Arlington. Virginia. JOSEPH CAWLER'S SONS INC. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 EISE WING, AVE., N. W. WASH., D. G. 20018 (VR A 15 (4))

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ned a control of the selection of the selection of the selection of the selection.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED 54 25 DEAD 30 BIRTHPLACE (STATE OR OUNTY OF DEATH EVER MARRIED FOREIGN COUNTRY West Virginia U.S.A. DIVORCED 10 CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION LeLand Memorial Hospital Electrician Construstion Riverdale USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3d. INSIDE CITY LIMITS? 13e STREET ADDRESS 30 STATE 6501 Baltimore Ave. Maryland Riverdale NO [15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE Burt Barrett Vinda Sours 16b. SOCIAL SECURITY NO 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS DIVISION 226-28-1355 Yes WWIJ Ethel A. Barrett 18 CAUSE OF DEATH (Enter only one cause per e dondio Vascular PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO T 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (ATHOME 211. LOCATION STREET, FACTORY, FARM, ETC. CITY OR TOWN COUNTY STATE WHILE AT WORK TO AT WORK 22a. I certify that I took charge of the remain seribed above, held an Autopsy Inspection Hamicide Undetermined manner death resulted frame Natural courses TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME AT LUSTO 5009 Rayburn Ct. Camp Springs . Md. 20031 TYPE OR PRINT **ADDRESS** 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE Buria1 7-27-79 Falls Church National Memorial Park Virginia 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Money & King Vienna Funeral Home Vienna, Va. (VR A15 ME (5)) 15M 7/76



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STATE OF MARYLAND

(EARS LAST BIRTHDAY)

TYPE OF WORK FOR MOST OF WORKING LIFE Housewife

MIDDLE

13. SIREET ADDRESS 1690 Tarleton Way

126. KIND OF BUSINESS

LAST

IF UNDER I YEAR

26 HOUR

FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENEY CERTIFICATE OF DEATH REG. NO.					
DECEASED NAME FIRST YPE OR PRINT)	MIDDLE	Ringe w	20 DAT	E OF DEATH MONT		

REGISTRAR		CERTIFICATE OF DEATH	
DECEASED NAME FIRST TYPE OR PRINT)	MIDDLE	Binger	20 DATE C
SEX	4 RACE White	5. DATE OF BIRTH / MONTH DAY YEAR	6 AGE (IN
Washington DC.	76 CITIZEN OF WHAT GOUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIM
CITY OR TOWN TO F DE ATH	11. NAME OF HOSPITAL NURSIN	G HOME OR OTHER INSTITUTION	12m USUA

MOT IN SUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

13a. STATE 136 COUNTY 130 CITY OR TOWN 13d INSIDE CITY LIMITS?

P.G. Crofton Md YES X 15 MOTHER'S MAIDEN NAME

14 FATHER'S NAME MIDDLE Edwin

No

W.

(IF YES, GIVE WAR OR DATES)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Huguely 166 SOCIAL SECURITY NO.

17 INFORMANT 579-62-5346 Arthur L. Binger, Spouse,

Martha

NO [

Wilson ADDRESS

ORE CITY OR COUNTY OF DEATH

Above Same as

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate couse (D), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION

Miseri 20b. IF YES, WERE FINDINGS USED

20a AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY

211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

CITY OR TOWN

STATE

NOF

IN CERTIFYING CAUSES OF DEATH?

COUNTY

22a. I certify that (1) (this hospital) attended the deceased from sow the deceased alive on. ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not view the body ofter death DEGREE Th. DATE SIGNED

22e. ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

ATTENDING

YES [

23 a	BURIA	
	(SPECIFY	1

BP

FUNERAL DIRECTOR:

should be detoched for with the State Dept. of

MPORTANT: IF

Funeral Home

MEDICAL

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

STATE

Burial Cedar Hill Cem. Suitland, P.G. 24. FUNERAL DIRECTOR Robt E Wilhelmodress 4308 Suitland PATER 99

Rd., Suitland, Md

Constitution of the second Call Arcington Control of the Contro

Annapolis Rd. Lanham,

(VR A 15 (4))

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OR ATTENDING PHYSICIAN: The low

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BP DHMH - 16 60M 1/75

(VR A 15 (4))

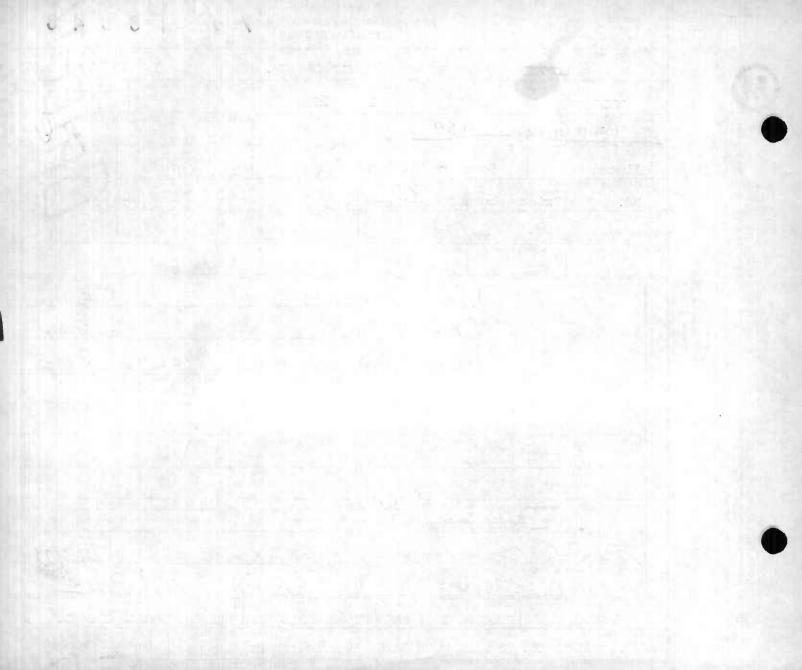
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3.2.3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ner must be natified at once.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTR.	AR	DEPART		EALTH AND MEI		REG, NO.	8 0	4	8
1. DECEASED N	AME FIRST	WIDDLE	L	AST		20 DATE OF DEATH MONTH	H DAY	YEAR	26 HOUR
(TYPE OR PRINT)	HOWARI	MORGAN	BLA	ACKFORD,	JR.	7	23	79	2:05
3 SEX		1. RACE	5. DATE O			6. AGE (IN YEARS LAST BIRTHDAY)		ERIYEAR	HOURS A
MA:	LE	BLACK	монтн	ÎŽ	YEAR 25	54	YRS.	DAYS	HOURS
70 BIRTHPLACE	STATE OR FOREIGN	Prince Georges	MARRIED WIDOWE	NEVER MAI	RRIED	9 BALTIMORE CITY OR CO		0	St.
Clint	on	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE' Southern Mai	yland	R OTHER INSTITU	TION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR FED. GOV'T.		DUSTRY	BUSINES:
USUAL RESIDEN 130. STATE Md.		other institution, give residence are to the maring the	thoro	13d INSIDE CITY YES 🔀 N	LIMITS?	13e STREET ADDRESS 4908 ASHFORD	DRIVE		
	M. BLACKFO			15. MOTHER'S M FIRS ESTEL	LE CO	RAM	ωł	LAST	
160 WAS DECEA	ASED EVER IN U.S. ARA MKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRESS			
YES	S KOREA	N WAR 578-20-7	7648	MRS. ED	ITH B	LACKFORD WIFE	SAME		
PART // Conditio	I. DEATH WAS CAUSED IMMEDIATE ns, if ony, which	y one couse per line for (o), (b), or BY: E CAUSE (o) ON ON DUE TO, OR AS A CONSER!	JENCE OF	ITH ASP	BATA	ow.		51	MIN
couse underlyii		DUE TO, DIAS A CONSEQUENCE ON A CONSEQUENCE ON A CONTRIBUTING TO	c ADH	JOS DUAM	THE TERM	CINOMA OF LO	N GIVEN IN	8 N	405
190. DATE 210. ACCID	OF OPERATION	196 CONDITION FOR WHICH	H OPERATION	WAS PERFORM	ED		IF YES, WER CERTIFYING YES [
OR CONTR	DENT WAS UNDERLYING [] IBUTING [] CAUSE OF DEA! NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR	21c. HOW INJU	RY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OF	R PART 2)	
WHILE AT WORK	RY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		21f. LOCATION STREET	111, 22	CITY OR TOWN	col	UNTY	STAT
sow	the deceosed ofive on e, (I) (we) (did) (did est	al) attended the deceosed from,	79 , or	d that in (my) (a	19	deoth occurred on the dote of		rom the c	
(1776. 9)GN	mesh.	Brown !	mi		ENDING)	MEDICAL STAFF DIRECTOR PHYSICIAN		20. DATE S	3/79
KA.	MAS A	BROWN MM		7	YATT	BELLEST MD	20	162	
(SPECIFY)	EMATION, REMOVAL URIAL	23b. DATE 23c. JULY 26 1979 F		EMETERY OR CRE Y MEMORI		RK PRINCE GEO	COUNT		STATE
24. FUNERAL DI JOHN T.	RHINES CO	FUNERAL HOME	3015	12th ST.		E REC'D. BY REGISTRAR 256. F	REGISTRAR'S	SIGNAL	JRE



dy.	+5	Ę	FOR STATE REGISTRAR		PEPARTMENT OF	E OF MARYLAND BEALTH AND MENTAL HYG BICATE OF DEATH	REG. NO.	0 4 9
		100	1 DECEASED NAME FIRST	MIDOLE	1 546	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	1 35		(TYPE OR PRINT) Kenne	eth D.	Bon	d	July • :	19 79 5:30a M
	(M)		3 SEX Male	White	S DATE O	of Birth 24,1919 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 59 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	leath. Por in 72 hou	of once.	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT CO	MARRIE	DE NEVER MARRIED DIVORCED	Prince George	
101	is after d by the fu filed with	notified	Riverdale	11. NAME OF HOSPITAL (LENOT IN SUCH FACULTY, CE L'EUR EN L'E		or other institution rial	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126. KIND OF BUSINESS OR INDUSTRY US. PostalS
AND 212	filled in	r must be	USUAL RESIDENCE (IF NURSING HOME 130 STATE 13b COI Pro	JNTY 13c. CITY	nce before admission) OR TOWN erdale	13d. INSIDE CITY LIMITS? YES 32. NO [6011 67th Ave	enue, Apt# 3
MARYL	ed within mpletely and 2 sh	examine	14 FATHER'S NAME FIRST Paul	MIDOLE BOI	ad.	15 MOTHER'S MAIDEN NA. FIRST Nellie	MIDDLE Det	vilbes sast
IMORE,	n and co	medical			1AL SECURITY NO. -03-8498	Lucille S. 1	ADDRESS Bond (Wife) sam	e as blk 13e
ST., BALT	rifficate t g physicio anpapers emaval.	event, the	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS IMMEDI	ED RV.		dial infarctio	on with tamponade	BETWEEN ONSET AND DEATH 3 days
ESTON	death ce attending ave carbi	aumatic	Conditions, if ony, which	DUE TO, OR AS A CO	onsequence of ent infer	ior myocardial	linfarction	1 month
1 W. PR	that the by the case remo	r ather tr	gove rise to immediate couse [0], stating the underlying couse lost.	DUE TO, OR AS A CO	onsequence of ensive oc	clusive arteri	iosclerosis	Unknown
, 20	ires gned n ple burio	٧. ٥	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	VEN IN PART 1(0)

Diabetes mellitus 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES 🔀 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (I) (this haspital) attended the deceased from... sow the deceased alive on 7-19 above, (I) (we) (did) (did not) view the body after death. and that in (my) (our) apinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED 226. SIGNATURE

22e. ADDRESS

DHMH - 16 50M 7/77

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit." with the State Dept. of Health and Mental Hygiene prior

ned by the haspital or attending physician.

PHYSICIAN: The

shows

MPORTANT: If them 21 is marked ar Item 18

CERTIFICATION

MEDICAL

(SPECIFY) Burial 7/23/1979 24 FUNERAL DIRECTOR (VRA 15 (4))

230. BURIAL, CREMATION, REMOVAL

4404 Queensbury Rd., Riverdale, Md. 20840 23c. NAME OF CEMETERY OR CREMATOR Westminister Cem

ATTENDING PHYSICIAN

Westminister Carroll

JUI 2 3 1979

MEDICAL STAFF
DIRECTOR PHYSICIAN

Md.

7-19-79

Francis Gasch's Sons, PA Hyattsville, Md.

Carl J. Houmann, M.D.

ale i:e 21,11 arilan ata/ oc . ortal e anyland r. ceo's ivertale x follows verue, Leti 3 eviloers e il Es ond aul. urial /23/17 est inister et est inister arroll ... rancis asc 's ons, / yattnville, c. STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH . DECEASED NAME MONTH 2b HOUR (TYPE OR PRINT) :15A.M. 07 09 79 BOWEN CECIL STANLEY 3. SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR EUNDER 24 HRS 5 DATE OF BIRTH 20 YEAR 14 OAY Caucasian Male BIRTHPLACE STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Missouri U.S.A. Prince Georges WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR Southern Maryland Hospital Center (TYPE OF WORK FOR MOST OF WORKING LIFE) Automotive Retired Clinton 7010 Hanover USUAL RESIDENC 130. STATE MC CE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13 PCOUNTY 13d INSIDE CITY LIMITS? 2c YES 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Doy Bowen Stella Dul1 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO IYES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Ethel G. Bowen. Same as WU II 51-03-4015 ves 18 CAUSE OF DEATH Enter only one cause per line for (a), (b) and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (C gove rise to immediate couse to, stoting DIVISION OF VITAL RECORDS, 201 W. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION PART 2 OTHER SIGNIFICANT CERTIFICATION IN DATE OF OF 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 8 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) apinion death occurred on the date and hour and from the couses stated abave, (f) (we) (did) (DEGREE 22c. DATE SIGNE -ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY Burial Cheltenham, Md. Vet Cheltenham, BE RESSIME 256. FOR STANDARD 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4)) Lee Funeral Home, Clinton, Maryland

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7			REGISTRAR	MEC	DICAL EXAMIN	NER'S C	ERTIFICATE C		REG. NO.	3 5 2
	ASE DR. ES. JRS		CEASED NAME PE OR PRINT) Hazy	F	. Bo.	WE	R5	20. DATE KI OF DEATH A	ESTI-	DAY YEAR 26, HOUR
	W PLEASE	3. SE	inullihite	DATE OF BIRTH	YEAR 6. AGE (IN YILLAST BIRTHE	PARS IF UN		MIN. PRONOUNCE DE AD	ED 7-11	DAY YEAR 2d HOUR
4	ECESSAR JNEP FOR	FC	IRTHPLACE (STATE OR OREIGN COUNTRY) irginia	76. CITIZEN OF WH		8. MARR.		RIED - 1.88LYIMO	RECITY OF COUN	ITY OF DEATH
	AY IS NE THE FU 301 W.	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOM Cility, Give Street address) Borges Gene	E, OR OTH	ER INSTITUTION	120. USUAL OCCUPA FOR MOST OF WORKIN Clerk	ATION (TYPE OF WORK	12b. KIND OF BUSINESS OR INDUSTRY Drug Store
	201 ANY DEL. ND 3 TO RETAIN P CORDS,	USU/ 13e. S	AL RESIDENCE (IF IN NURSING HOME O STATE 136, COUNT Md. P.	OR OTHER INSTITUTION, GIV		ION)	13d. INSIDE CITY LIMITS?	113e STREET ADDRESS		Drug Store
	EATH. IF., ES 1, 2, A 3. F ND 2 SHOW 3. F ND 3. F	14 F/	ATHER'S NAME FIRST Lemuel	MIDDLE H.	Ashton		YES NO I			Clark
	BALTIMORE, JRS AFTER DE GIVE PAGE WITH FORM PAGES 1 AN PAGES 1 AN DIVISION OF	{Y	WAS DECEASED EVER IN U.S. ARA (15, NO, OR UNKNOWN) (16 YES, GIVE	MED FORCES? WAR OR DATES)	577-40-361		17. INFORMANT Phyllis C	ook San	address ne as #13	e
	301 W. PRESTON ST., CUTED WITHIN 24 HOL IN PENCIL IN TEM 18 L EXAMINER ALONG IN RIAL-TRANSIT PERMIT. ID MENTAL HYGIENE, I., OR REMOVAL.	>	18 CAUSE OF DEATH (Enter online PART I DEATH WAS CAUSED IMMEDIAT Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost.	D BY: TE CAUSE (o) DUE TO, OR, DUE TO, OR A	AS A CONSEQUENCE	0F	tion			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	L RECORD "PENDING "PENDING IEF MEDIC SED AS A SED AS A CREMATIC	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	196. CONDITI	DAY SEA LOS	RATION W	as performed?	Les Malla la		20 AUTOPSY? YES NO M
	DIVISION OF VITA THIS CERTIFICATE SHC E. WARDED TO THE CH RWARDED TO THE CH PAGE 3 SHOULD BE U STATE DEPARTMENT OF STATE DEPARTME	MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF E	DEATH P.M. 210 PLACE O STREET, FACT	MONTH DAY YEA 7-// 19/ FINJURY (ATHOME, BRY, FARM, ETC.)	1 6	Sperater Many	N Roxe	latry	Sylle, Med STATE
	XAMINER EETIFICAT ID BE FO VIRECTOR: WITH THE RRYLAND.		22a. I certify that I taak charg death resulted fram: Natur ACTUAL SIGNATURE			Autap	Hamicide , Inspection , Hamicide , TITLE (SPECIFY)	Undetermined man	DATE	7-11-79
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNETH, D AFTER DEATH, D BALTIMORE, MA		(TIPE OR PRINT)		odrigez,M	.D.	ADDRESS 5009	Rayburn Ct		rings,Md.2003
	BP	{5		36. DATE 4 July 19	79 Mt. Heb		emetery	Winchest		ginia state
	DHMH - 17 (VR A15 ME (5)) 15M 7/77		uneral director bert G. Beall 9	0013 Annap	olis Rd. L	anham		JUL 1 6 197	9 PEGISTIAR'S	SIGNATURE Creedy

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN A MONTH 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED GEORGE BOYD M. 6. AGE (IN YEARS IF UNDER 1 YR. 4. RAGE 5. DATE OF BIRTH IF LINDER 24 HR DATE DAY LAST BIRTHDAY PRONOUNCED DEAD PRESTON -16 7n. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTHMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. North Carolina WIDOWED DIVORCED FILED, 301 W ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) U.S. Gov't Cheverly Prince George's General Hospital Personnel Specialist RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY P.G. Co. 6108 State Street Maryland Cheverly YES X NO [VITAL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FORM PM ES 1 AND 2 MIDDLE LAST MIDDLE FIRST Gertrude Boyd James Morgan OFF 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 136-18-4041 Thelma R. Boyd WWII Same as #13 Yes APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH electre Carolio Vesculos de PART I DEATH WAS CAUSED BY HYGIENE, IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which BURIAL-TRANS AND MENTAL gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, 301 AND CREMATION. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A HEALTH A CERTIFICATION 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL, YES NOX 3 SHOULD BE 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 PRIOR 21d, INJURY OCCURRED THE PLACE OF INJURY SATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORV

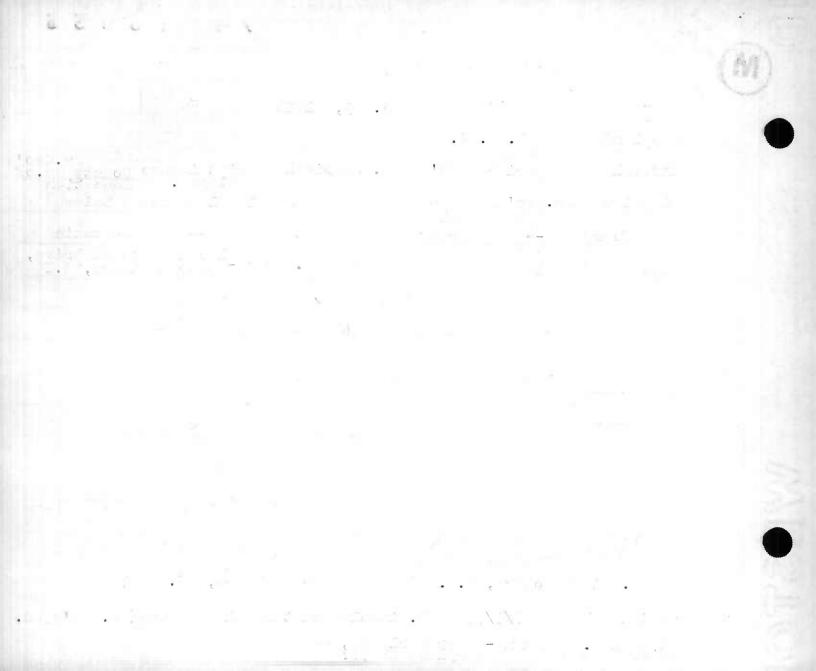
TO FUNERAL DIRECTOR: P

AFTER DEATH, WITH THE ST

BALTIMORE, MARYLAND, 21 220. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection Inquiry Accident Homicide Undetermined manner death resulted fram/1 Natural coures TITLE SPECIFY EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 79 Cedar Hill Crematory Suitland, P.G. Co., Maryland July 19. Cremation 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH-17 20M 1/73 24 FUNERAL DIRECTOR (VR A15 ME (5)) Riverdale, Maryland Chambers Funeral Home

Theyerly Decreas George Course Tomping Turnonce Specialist U. . heverly P. D. Wei, Connects 2200 to 5000 birth a line of the second Birth and the construct your rest thin and the state of the polyment

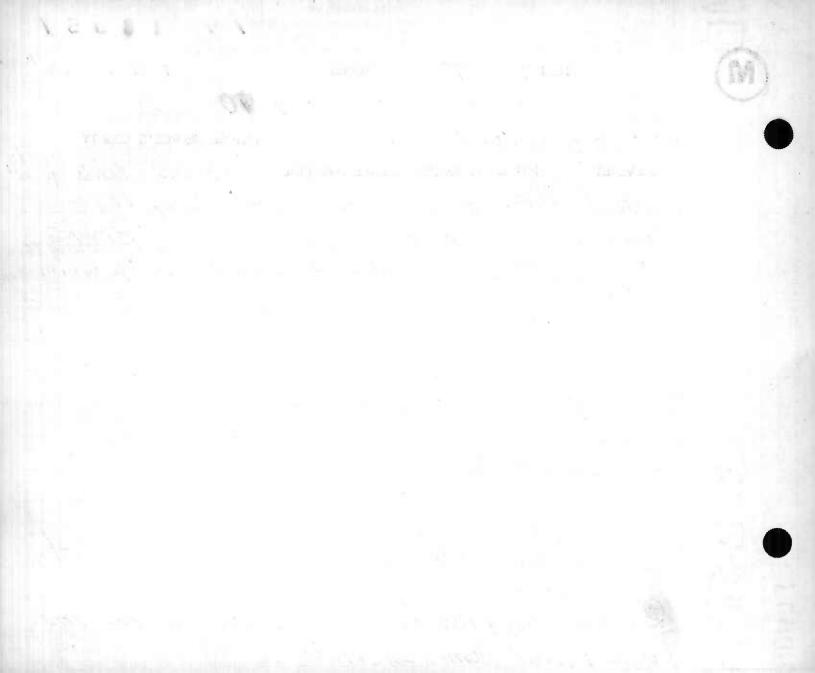




152,000 III 0414gr The Bartley Square Md. Pr. See. Malterille It fill as myse (father) same as \$13 to Sandy Storing, Conto. Md. Cartol 7-11-70 Ask Country Concepts Petros Cacalca Cockettie, 14 20850

(VRA 15, 4) 7/78

STATE OF MARYLAND



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nding physician and campletely filled in by the carbon papers. Pages 1 and 2 should be filled

within 24 hours after

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injury, or other troumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon papewith the State Dept. of Health and Mental Hygiene prior ta burial, crematian, or remaval.

OR ATTENDING PHYSICIAN: The low

retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this IMPORTANT: If Item 21 is marked or Item 18 shows any

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFIC ATE OF DEATH

Н		REGISTRAR		CEKTIF	ICATE OF DEATH	REG. NO.			
		CEASED NAME FIRST	WIOOFE	ı	AST	20. DATE OF DEATH	ONTH DAY	YEAR	26 HOUR
i	(IIII)	WILLIAM	н.	Brow	der	July	7, 1979		5:30P
	3. SEX	W Male	4 RACE white	S. DATE C		6. AGE (IN YEARS LAST BIRTHO	DAY) IF UNO	DER 1 YEAR	IF UNDER 24 HRS HOURS MIN
9	f	RTHPMCE (STATE OR FOREIGN QUINTRY)	76 CITIZEN OF WHAT COUNTS U.S.A.	RY? 8 MARRIEI WIDOWE	DE NEVER MARRIED DO DIVORCED	9. BALTIMORE CITY OR Prince Geo	COUNTY OF D		M
3	I	TY OR TOWN OF DEATH anham	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI Dr's Hospital	Of P.G	County	126 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Border Pat:	WORKING LIFE) IN		F BUSINESS OR
2	130 S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COULTY P.	ROTHER INSTITUTION, GIVE RESIDENCE BE NTY 13c. CITY OR TO NEW Ca.			13. STREET ADDRESS 6503 Lamon	t Place		
C	14. FA	James	MIDOLE Browd		Lessie	WIOOFE	Wear	ver	7
	16a. W	YAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV Yes 1944	RMED FORCES? 166 SOCIAL SE 1946 495 -05		17. INFORMANT Louise Browde	er Same as			MATE INTERVAL ONSET AND DEATH
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECTION OF THE TOTAL OF T	OUENCE OF	Astenosel	IALINFA	st na	5-/=	03/19
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	rotie	NOT REJATED TO THE TERM CAMAJE N WAS PERFORMED Suffice us.	20a. AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	E FINDIN	NGS USED
7	MEDICAL CERT	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOTIFY MOTWHILE AT WORK AT WORK		19	21c. HOW INJURY OCCURP 211. LOCATION STREET		IN ITEM 18, PART 1 OF	R PART 2)	STATE:
		22a. I certify that (I) (this hasp sow the deceased alive or	ital) attended the deceased fro	9 <u>79</u> , or	ad that in (my) (our) opinion of	to 7/7	e and hour and i		
		22d. PHYSICIAN'S NAME (TYPE C	90-	MO	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	AN 🗌	7/	8/79
		RA			Aroor S. R		ll Malla urel, Mo		
	23a B	URIAL, CREMATION, REMOVAL Burial			EMETERY OR CREMATORY incoln Cemeter	23d LOCATION CITY OR TOWN TY Brentwood	, Maryle	and	STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

24 FUNERAL DIRECTOR
Robert G. Beall 9013

Annapolis Rd. Lanham, Md.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIFIC	ATE OF	DEATH		REG. NO.		
	1 DECEASED NAME FIRST (TYPE OR PRINT) Asle		MIDDLE	BROWN			July	18,1979	DAY YEAR	26 HOUR 4:12
	3 SEX FEMALE	4 RACE BLAC	CK	S DATE OF MONTH	DAY	1906	6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	
1	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) S. CAROLINA		WHAT COUNTRY?	MARRIED WIDOWED	☐ NEVE	R MARRIED		_	NTY OF DEATH	Mr
3	Glenn Dale	(IF NOT IN SUC	HOSPITAL, NURSIN CHFACILITY, GIVE STREET Dale Hos	ADDRESSI	OTHER IN	ISTITUTION		CUPATION R MOST OF WORKIN		OF BUSINESS OR
1		RE OR OTHER INSTITUTION DUNTY	GIVE RESIDENCE BEFORE 13c CITY OR TOWN WASHINGT	N 11	3d INSIDE	CITY LIMITS?	13e STREET AD	DRESS	RSEY AVE	
91	14 FATHER'S NAME FIRST DANIEL	MIDDLE	DAVIS	1	S. MOTHE	R'S MAIDEN NA FIRST		AIDDLE	3 0	AST
3	160 WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	577-12-4		INEZ	WASHING	STON 1	ADDRESS 204 S.	WASH. ST	LEX. VA.
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	USED BY DIATE CAUSE (0)	Pulmonary	edema	, bil	ateral,	severe		day	XIMATE INTERVAL NONSET AND DEATH

4409 Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF Bronchopneumonia, left	days
gove rise to immediate couse tot, stating the underlying couse lost	due to, or as a consequence of Generalized arteriosclerosis	years
Carcinoma of 1	OPPITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 110

dilatation of heart

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

· NO YES [NO [21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE

220 I certify that X (this hospital) attended the deceased from April 79 sow the deceased alive on ___ and that in (15%) (our) opinion death occurred on the date and hour and from the causes stated

226. SIGNATUR 22c. DATE SIGNED DEGREE ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR X PHYSICIAN July 18,1979

22e ADDRESS

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

James W. Wills, M.D.

Glenn Dale Hospital

Glenn Dale, Maryland

20769

230. BURIAL, CREMATION, REMOVAL 236. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN LAUREL

COUNTY P.G.C.

STATE Md.

DHMH - 16 60M 1/75 (VR A 15 (4))

BP.

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BURIAL 7-25-1979 MARYLAND NATIL. CEM. 24 FUNERAL DIRECTOR

WASh. DC 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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STATE OF MARYLAND

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1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE/ G	180	6 1
	PECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	Anna	K Br	zozowski	Jul	y 31 1979	6:101
3. S	EX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	
L E	Female	Caucasian	04 12 1896	83	YRS.	
70.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
97	Poland	USA	WIDOWED XX DIVORCED	Prince	George's	
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	ON SURFICE NORKING TIEF NIP ID	OF BUSINESS
90	Suitland	(IF NOT IN SUCH FACILITY, GIVE STREE Suitland N	ursing Home	Head Cha	mber Maid	-Hote
130	STATE 13b.CC	e or other institution, give residence before unity 13c. CITY or to vote Geo. Distr:	LCT HENES NO	13. STREET ADDRESS 2124 Web	er Dr	
	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	WIOOFE		AST
160 V	Vladyšlaw	Pydynkov	wski Antonia		Kemp	ka.
/ 160.	WAS DECEASED EVER IN U.S. LIYES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166. SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRE	ŠS	
/ 160. P	VO.	014-24	-9431 Barbara Mo	Kenna 240	5 Whitehal	ll St
Z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, OR AS A CONSEQUE (c)			DITION CIVEN IN SAST	(In)
Z	PART 2. OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONI	DITION GIVEN IN PART	1(0)
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
7 8	210. ACCIDENT WAS UNDERLYING	LIGUES A AL ALCOHITIL	DAY YEAR 21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)	
1 3	OR CONTRIBUTING CAUSE OF	DEATH	19			
MEDICAL CI	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORI, OFFICE	, FAION, ETC.)	0.1		
69 -	220.1 certify that (I) (this ha	ospital) attended the deceased from	1975 19	10 July 3	19 77	, that (I) (we
	sow the deceased alive	on 129 19	79, and that in (my) (sur) opinion	death of derred on the de	ate and hour and from th	e causes state
	776 SIGNATURE	Lelian	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF _ M	SIGNED
	220 PHYSISIAMS NAME IN	H DE PRÍOD	22e. ADDRESS			
1	John F. S	Shay, M.D.	5509 Old	Silver Hi	ם מו ד	2
-			7707 010	NI VEL DI	- 20 200	Lond

DHMH - 16 25M

(VR A 15 (4)) 9/74

Wilhelm Funeral Home Maryland 14 FUNERAL DIRE Robert E Suitland

8-8-1979

23b. DATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Silver H St Mary's Cemetery Massachusetts 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR SIGNATURE/ AUG 0 7 1979

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Clinton, Maryland

Home.

FOR

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

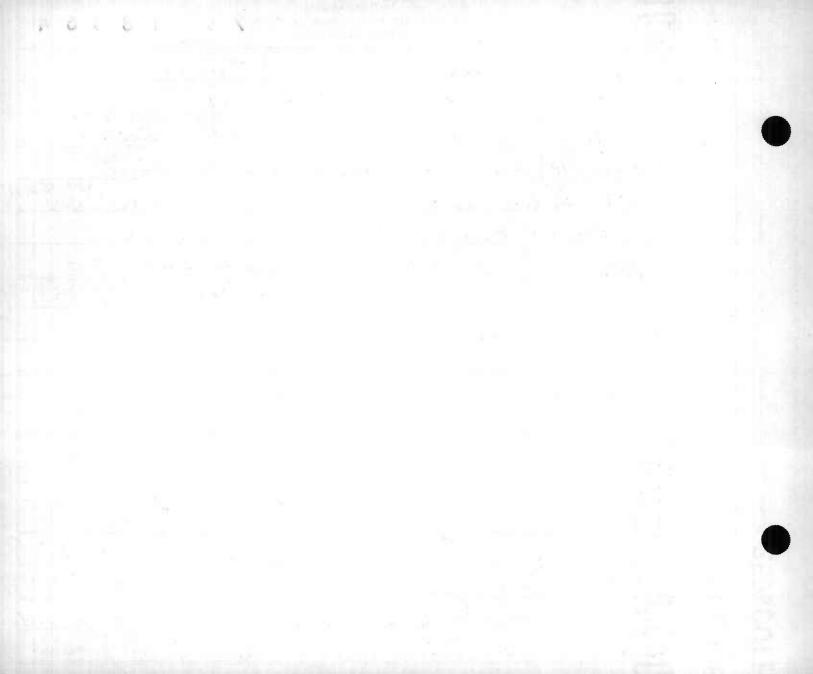
FOR

- STATE

DOLD DESCRIPTION OF LAST The second public of the second death of the second To the second se

	1.	STATE REGISTRAR U, IIAM	H. DEPART	CERTIFICATE OF DEATH	REG. NO	18064
noy be page 3	1. DE {TYPE	CEASED NAME FIRST OR PRINT)	HENRY	Burley	2e DATE OF DEATH	MONTH DAY YEAR 26. HOUR M
Om Page 4 may	3 SE	MAle	Black	S DATE OF BIRTH MONTH DAY YEAR JUNE 29, 1892		MONTHS DAYS HOURS MIN
deum Po	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE	MO,
ors ofter despite the function of the function	(Greenbelt	Green bet	CONUMIESCENT I	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF HOME AX	ON 126. KIND OF BUSINESS OR INDUSTRY DRIVER
MARYLAND 21; ed within 24 hou and 2 should be examinermust be	13a S	AL RESIDENCE (IF NURSING HOME OR 136 DOUN			11711 5.	LAURES DRIVE
			MIDDLE BURIEY MED FORCES? THE SOCIAL SECTION	FIRST M.	ARY TOI	liver LAST
BALTIMORE, cole be executed by system and compers. Pages I wall.		(ES, NO OR UNKNOWN) I IF YES, GIVE	169-10-	8152 SAMUEL	Burley. 5	Ame A5#13
, 4 4 do 6		PART I. DEATH WAS CAUSE	one couse per line for (0), (b), or D BY TE CAUSE (0) CEVE &	ovancule a	exider l	BETWEEN ONSELAND DEATH COLORS
W. PRESTON ST out the death cert by the attending I ise remove carbon , cremation, ar re-		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU			
201 ned b pleas vrial,	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	erminal disease or cone	DITION GIVEN IN PART 1(0)
ALRECO	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	200/AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
ON OF VITAL R ding physician. Certificate has build-transit per Mental Hygiene or frem 18 shaws		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEALIF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D	AY YEAR 19	CURRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2]
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir r attending physician. Wher this certificate hos been sig as the burnel-transit permit. Then th and Mental Hygiene prior to b orked or frem 18 shaws any injury	MEDICAL	218 IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PARM, ETC.) 21F LOCATION STREET	CITY OR TOW	N COUNTY STATE
ATTEND aspital a ECTOR A ed for use of af Heal		sow the deceased alive on	tall oftended the eleceosed from 19	ond that in (my) (our) apini	y	that (1) (we) lost te and hour and from the causes stated
By the RALDI of the detact		22d PHYSICIAN'S NAME (TYPE O	lle Chin C		MEDICAL STAF	7 2 2 1 1 1 1
TO HOSPITAL retained by 1 TO FUNERAL should be de with the Stork		BURIAL, CREMATION, REMOVAL	PANN, MID.	Greenbelt NAME OF CEMETERY OR CREMATOR	Yrosessional	2
BP		DURIAL DIRECTOR ON NAME	8-4-79 Q	LUASH, ST. 250. I	CON STOWN CON STOWN	Kirk fr. Goo stand. 25b. REGISTRAR'S SIGNATURE
DHMH-16 20M (VRA 15, 4) 7/7B	6	eoige R. JA	loaden ROCKU	ille, Md.	AUG 0 6 1979	Frotoy Mc Crody

STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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and the second s

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NAME:

Louis

Gino Casele

DATE OF DEATH:

July 17, 1979

PLACE OF DEATH:

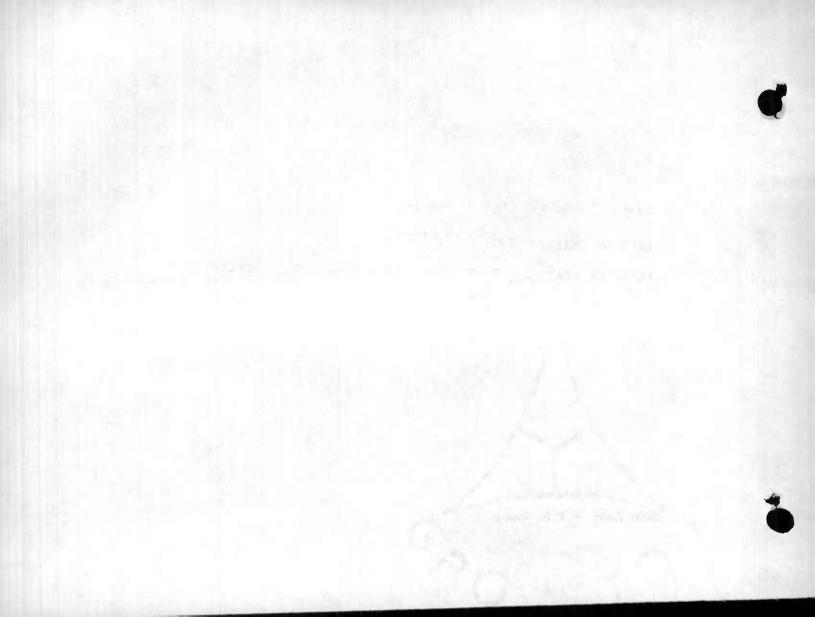
Frince Georges County

SEE:

79-16636

July 1979

B. City



		1 -	FOR STATE REGISTRAR	DEPARTI	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	8066
-			CEASED NAME FIRST	MIDDLE		AST	26. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
(84)			Wilso	n	Ca	tlett	July 30	1979/2:29 M
1003		3. SE)		4 RACE	5 DATE C		6. AGE IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
			Male	Caucasian	Nov	0 -0	67 YF	
92 8	3	7a BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
n 72	3	1	rginia	USA	WIDOWE	4.6	Prince Ge	orge's MD.
with ied		10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	126 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
led notif	15		Clinton	Southern Mary		Hospital	Equipment	Operator
ly filled in should be f	5	130. S Ma	RESIDENCE IF NURSING HOME OF TATE 136 COUN TYLAND Pr.		N _	13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	13e STREET ADDRESS 4679 Homer	Avenue
and 2	10	IT FA	FIRST	MIDDLE LAST		FIRST	, MIDDLE	LAST
0	20	1 A n \A	George (AS DECEASED EVER IN U.S. AR	Catlet		Sophia	abtom) ADDRESS E	Bramble
Pages	1		ES. NO OR UNKNOWN) IF YES, GIV	E WAR OR DATES]		17 INFORMANT (dau		504 Charlotte
ers. P		_	No -	nly one coure per line for (a), (b), an	3717	Marjorie M	ae Wells Ca	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
en signed by the atter. Then please remove at to burial, crematian rinjury, ar ather traur		TION		DUE TO OR AS A CONSEQUE	DEATH BUT		which was a similar of the control o	OVEN ALPART HOW
nas been permit. I ne prior ws any in	7	IFICA	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
certificate historial transit hygiental Hygientem 18 short	7	CAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	
fter this on as the bur hand Me		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
d for use of for use t. of Healt m 21 is ma			sow the deceased alive an above, (1) (we) (did) (did no	ital) oftended the deceased from	1		deoth occurred on the date and	
ERAL DIRE e detached State Dept			226. SIGNATURE	Chu	14	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	7-30-79
to FUNERAL should be det with the State	1		RAPAEL	CLEE		Clinton	MO	
Property.		34	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
·			urial	Aug. 2, 1979 F	ort 1		Brentwood	PG Md
I - 16 50M 7/77 R A 15 (4))		24 FL	Puneral Ho	Wilhelm ADDRESS S	uitla	and, Md.	AUGO 3 1979	fisting Mc Creedy

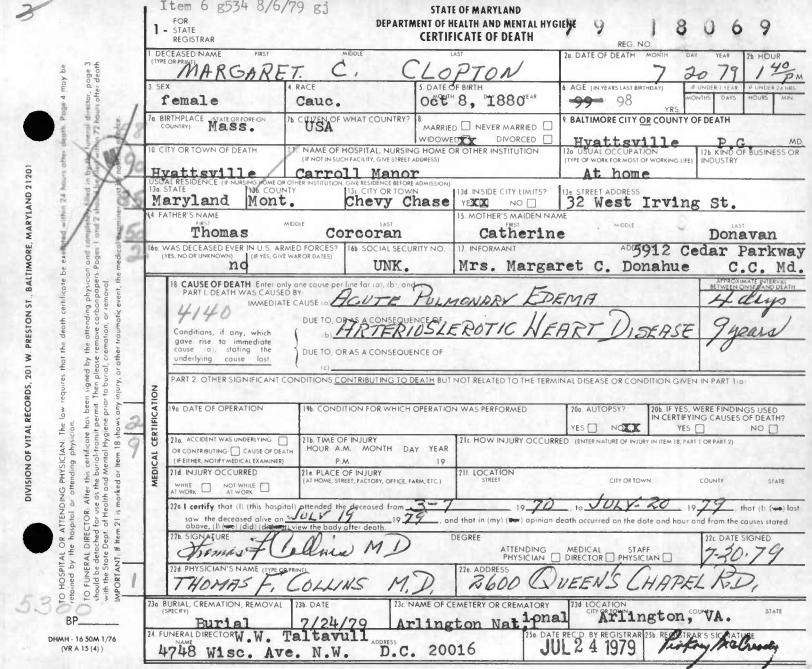
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-IF UNDER 24 HRS DATE DEAD BALTIMORE CITY OF COUNTY OF DEATH BIRTHPLACE (STATE OR NEVER MARRIED FOREIGN COUNTRY! North Carolina U.S.A. IN CITY OR TOWN OF DEATH 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Prince George's General Hospital Sales Clerk Cheverly Dept. Store USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c. CITY OR TOWN 6826 Furman Parkway Prince Geo. Riverdale Maryland 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST MIDDLE MIDDLE LAST AND UNKNOWN UNKNOWN 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. **ADDRESS** (IF YES, GIVE WAR OR DATES) 577-18-0794 Christine Lyon-Address same as #1 eno Selevotro Cardio Vas culos disco. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL NO [710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE 22a. I certify that I taak charge of the remains described above, held on Autopsy Inspection TO MEDICAL EXAMIN
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BAÇTIMORE, MARYLANI death resulted from: Natural causes Accident Homicide Undetermined manner EXAMINER'S NAME 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c, NAME OF CEMETERY OR CREMATORY Burial July 10.1979 Cedar Hill Cemetery Suitland-Prince Geo.Co.-Md DHMH-17 20M 1/73 24. FUNERAL DIRECTOR (VR A15 ME (5)) Chambers Funeral Home-Riverdale, Maryland

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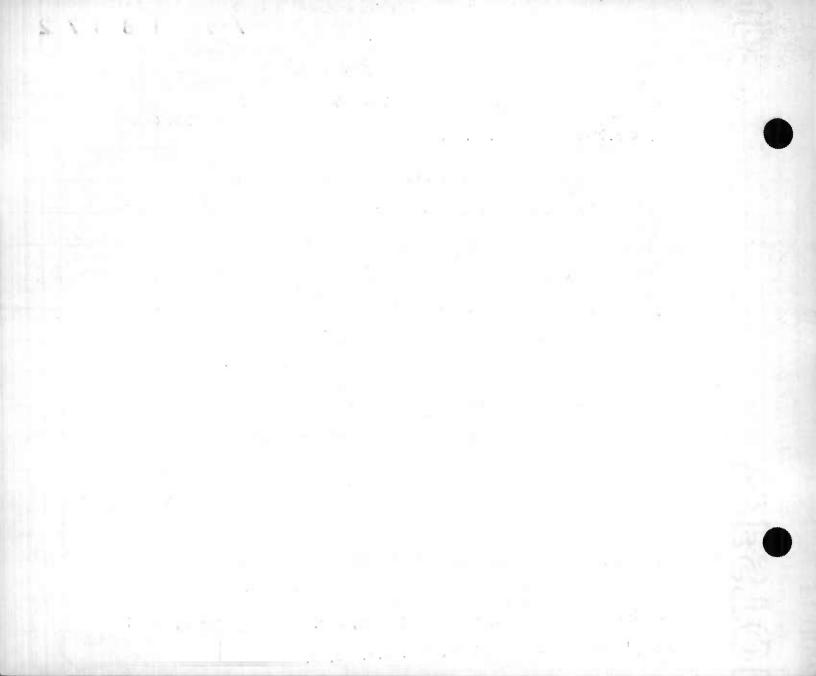
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2g DATE OF DEATH (TYPE OR PRINT) LESTER JAMES Cook 3 SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR MALE WHITE 11 26 20 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, D. Charles WIDOWED Prince Georges A CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Clinton Southern Maryland Fireman D.C.Fire Dept. BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
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131. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Charles 1156B Heritage Dr. Waldorf 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Charles L. Cook Elizabeth Brown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO ATTSOB Heritage Dr. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 169-16-5758 Dorothy M. Cook Waldorf. Marvland Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and PART I. DEATH WAS CAUSED BY: PRESTON ST IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (a), stoting the DIVISION OF VITAL RECORDS, 201 W. underlying cause last a MINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220 I certify that (1) (this and ottended the deceased from saw the deceased alive on and that in (my) (00-7) opinian deoth occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING & MEDICAL uld be det h the Stote ORTANT: DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 5618 St. Barnabas Rd., Oxon Hill, Md. McConnaughy, R. M.D. 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION (SPECIFY) Burial Cedar Hill Cemetery SuitTand Pr. George Md. BP FUNERAL DIRECTORS P. Kajas Funeradas Home 6160 Oxon Hill Rd., Oxon Hill, Md. DHMH - 16 60M 1/75 (VRA 15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE **CERTIFICATE OF DEATH** REGISTRAR REG. NO I DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH DAY 26 HOUR (TYPE OR PRINT) Bertha 4 RACE 3. SEX 5 DATE OF BIRTH & AGE TIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR IF UNDER 24 HRS "17-28-1928 Black MONTHS DAYS HOURS 50 TO BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OF COUNTY OF DEATH MARRIED A NEVER MARRIED N. Carolina U. S. A. WIDOWED DIVORCED | IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h, KIND OF BUSINESS OR Retired (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY MDPnince Georges USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 1138 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13a. STREET ADDRESS Maryland 6553 Hilman Dain YES OF NO [onest 19977 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE LAST Bunk Penden Mari 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMAN IYES, NO OR UNKNOWN) [(IF YES, GIVE WAR OR DATES) no 18 CAUSE OF DEATH (Enter only one cause per lige to) (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 ACONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO AFTERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20h. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO I 21a. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21 INJURY OCCURRED 21e PLACE OF INJURY STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220 I certify that (I) (this haspital) attended the deceased from _, that (1) (we) last sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death Dept 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN be deta 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) d b 230. BURIAL CREMATION, REMOVAL 220 DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR FOWN STATE 7-30-1979 Suitland, Mary II.and ashington, Nat. 24 FUNERAL DIRECTOR 25e. DATE REC'D. BY REGISTRAR 7514 nathers Funeral Home 3831 Ga. Ave. N.W. DHMH-16 20M (VRA 15, 4) 7/78



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN 1 (TYPE OR PRINT) DEATH MATED & AGE IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 12 - 39 DEAD To BIRTHPLACE (STATE OR 9. BALLIMORE CITY OR NEVER MARRIED & U.S.A. Washington D.C. WIDOWED DIVORCED IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 7b. KIND OF BUSINESS Prince George General Hospital Roofing Co. Roofer Cheverly 8E USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) OID 13c. CITY OR TOWN 13e. STREET ADDRESS 13a. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? Prince Geo. **Ivattsville** 4209 Farragut Street Maryland YES X NO [VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME DIVISION OF VITA Timothy Gertrude Cronin Farrell John 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 6400PRSeta Drive (YES NO. OR UNKNOWN) LIF YES GIVE WAR OR DATEST Robert L. Cronin Lanham, Maryland 20801 215-36-4513 18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE Canditions, it any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES [] BURIAL NO T 3 SHOULD BE DEPARTMENT 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE 22a. I certify that I taak charge of the remains described above, held on Autopsy Inspection and in my apinian death resulted fram: Natural causes Hamicide Undetermined manner PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA SIGNATURE 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Brentwood 7/30/79 Ft. Lincoln Cemetery 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** Sons Funeral Home, P.A. (VR A15 ME (5)) 30M 7/73 -Natterille, Marriand

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 50M 7/77 (VR A 15 (4)) Prancis Gasch's Sons Funeral Home, P.A.

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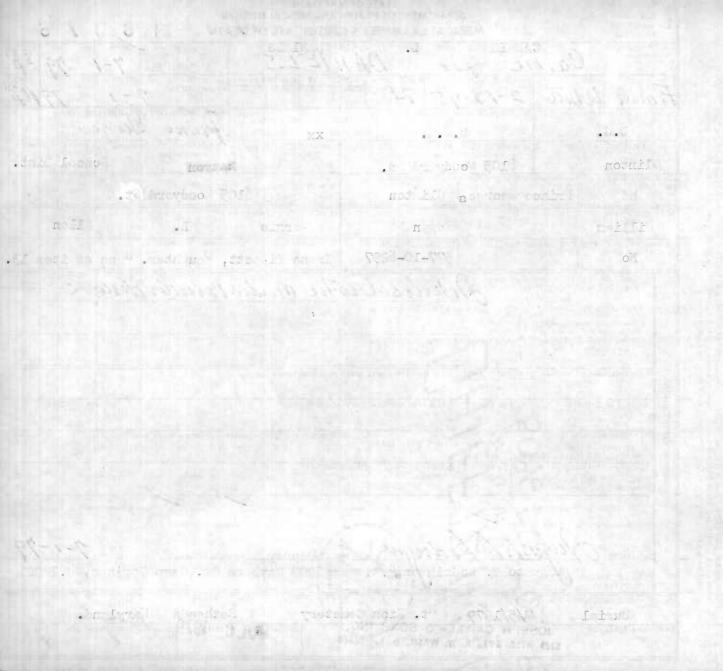
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	hysician on please	1	16a.	WAS DECEASED EVER IN U.S. ARM	or or dates of our tool	SOCIAL SECURITY NO.	17. INFDRMANT	11 1	Address	Cam	CL Dag
	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death stained by the hospital or attending physician. CTOR: After this certificate hos been signed by the ottending physician and completely filled in the the funeral should be detached far use as the burial-transit permit. Then please remove carbon papers pages I and 2 with the State Dept. of Health prior to burial, cremation, or removol, and in any event, within 72 mores after death			1B. CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSED IMMEDIA	RY.	indiae	Faiure	,		APPROXIMA BETWEEN ONSI	
	equires that the physician. signed by the buriol-tronsit purial, crematiin			Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	^	LONAL /	thorisel	+10515		2 gea	4
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	ital or tificate d far u of Heal	9	MEDICAL CER	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical exomin	HOUR A.M. M	URY anth Day Year	21c. HOW INJURY OCCURRED	(Enter noture of injury	in Part 1 or Part 2, Ite	m 1B.)	
	he hosy this cer detache Dept.		ME				21f. LOCATION Street or R.F.I	D. No. City ar	Tawn	County	State
	TO HOSPITAL OR ÁTTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhould be filed with the State Dept. of Health prior to burial, cren			22a. I certify that (1) (this saw the deceased all couses stated above	IVE OR	197	and that in lange our	19 <u>59</u> , to2) opinion deoth occ	urred on the date	and hour ar	(we) last and from the
	OR be re			22h SIGNATURE Thomas M.	Huleto	m. M.	DEGREE ATTENDING PHYS. 22e. ADDRESS	MED. DIRECTOR	TAFF 22c. DA	THE SIGNED	779
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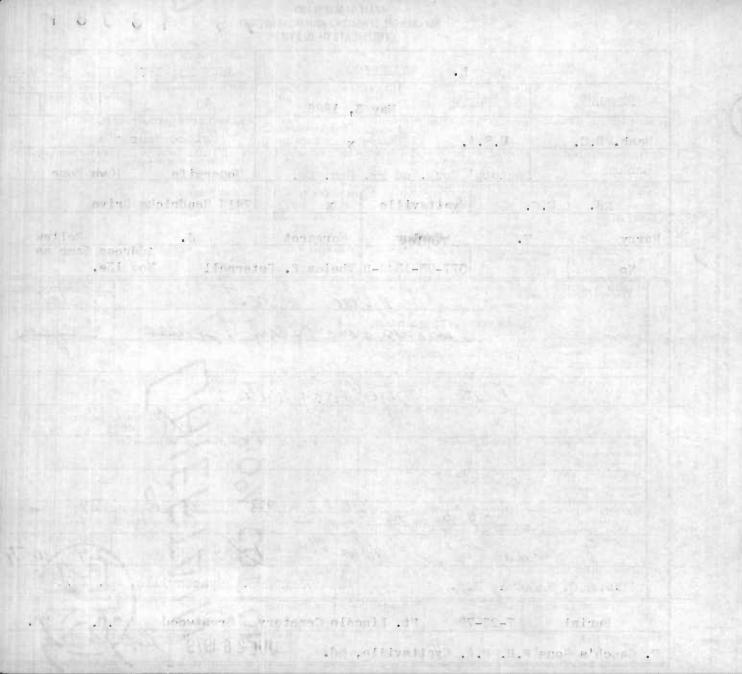
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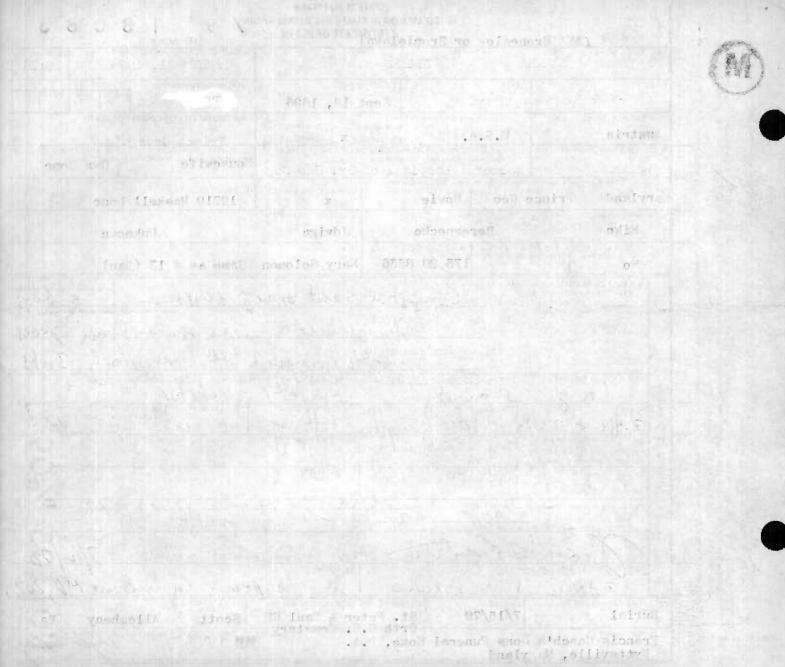
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NECESSARY, PLEA UNICEAL DIRECTO 5 FOR YOUR FILE WITHIN 72 HOUR	Per	nnsylvania	U.S.		WIDOWED		- Mance	Hengo	MD.
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G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

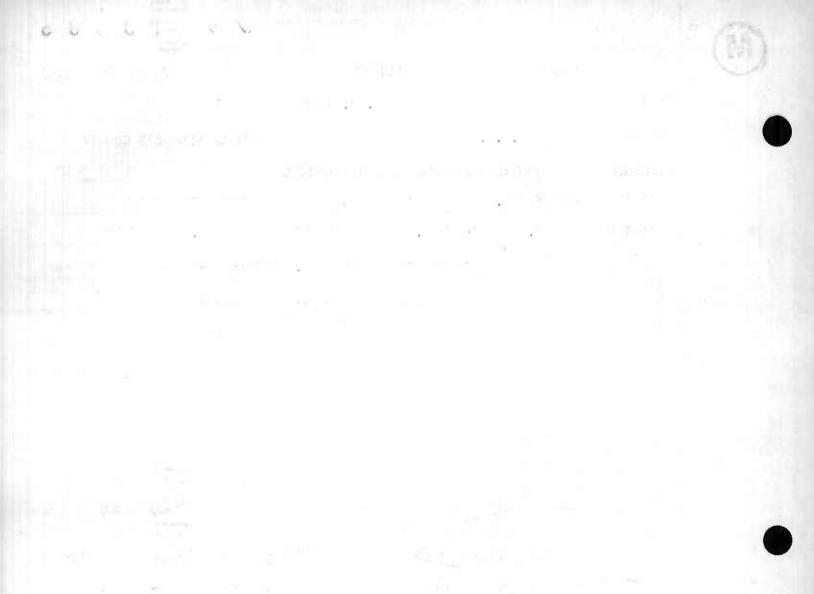
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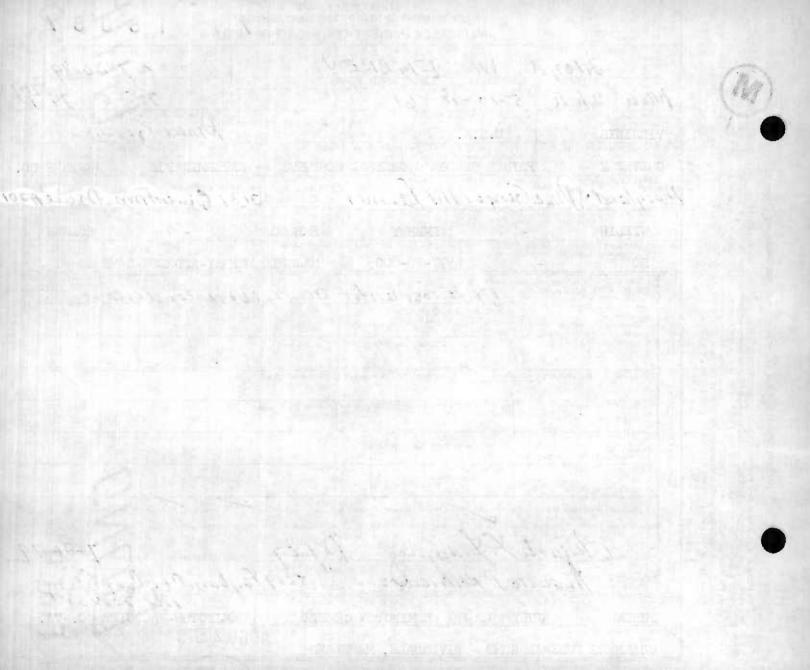
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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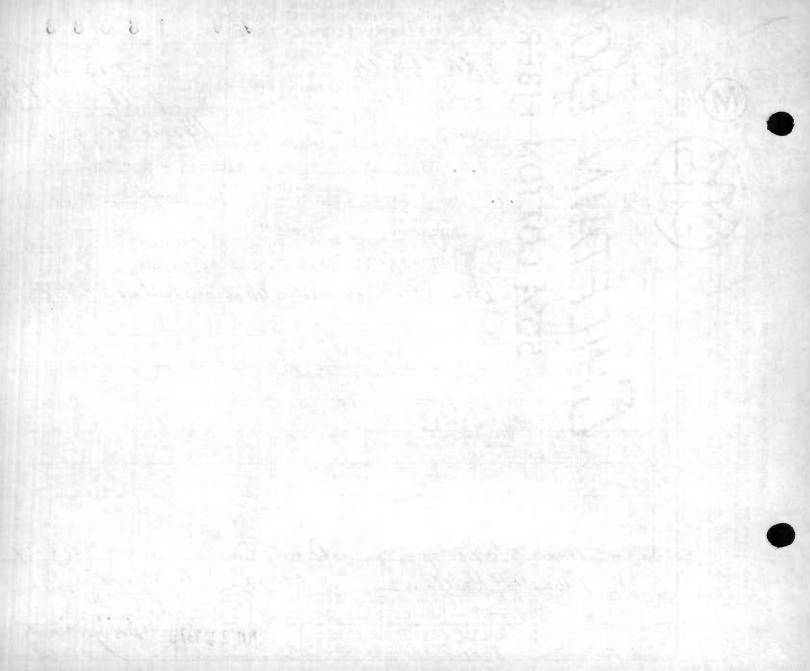
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME 20. DATE KNOWN TO MONTH (TYPE OR PRINT) ESTI-DEATH MATED DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OF EVER MARRIED FOREIGN COUNTRY) Italy USA WIDOWED DIVORCED 5 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION MND OF BUSINESS Retired - Marble Cutter Cheverly P.G. Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13o. STATE 13b. COUNTY 13c CITY OR TOWN 113d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. P.G. New Carrollton x NO 1 7501 Riverdale Rd. #2003 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDAE EAST EIRST AND Michael Fantasia Rose Gemma DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Wyman Way Upper Marl. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-03-7733 No John J. Fantasia, Son Md 18 CAUSE OF DEATH (Enter only one cause will line for (a), (b), and (c) PART I DEATH WAS CAUSED BY AL EXAMINER ALONG BURIAL-TRANSIT PERMIT rote Cardiollas oute HYGIENE IMMEDIATE CAUSE I DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. HEALTH AND A PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 4 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES 🗍 NO [DEPARTMENT 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 PRIOR 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK DIRECTOR: 22a. I certify that I took charge of the remains described above, held an and in my apinian Autopsy Inspection MARYLAND death resulted from: Homicide Undetermined monner Natural causes EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA MEDICAL EXAMINER EXAMINER'S NAME 164127 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 234 LOCATION Burial 7-21-79 Cedar Hill Cemetery Suitland DHMH-17 20M 1/73 24. FUNERAL DIRECTOR RObt E Wilhealm 4308 Suitland (VR A15 ME (5)) Funeral Home Suitland, Md. Rd.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED MON SEX IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 23 DEAD 7a. BIRTHPLACE 9. BALTIMORE CITY OF COUNTY OF DEATH NEVER MARRIED DIVORCED WIDOWED BE FILED. DS, 301 W 10 CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WOR 12b. KIND OF BUSINESS Prince George General Hospital OR INDUSTRY Safway Ret. Clerk Cheverly AND 3 TO RECORDS USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) SHOULD 13b. COUNTY 113d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 5999 Emerson Street Apt 719 Maryland Prince Geo. Bladensburg VITAL F 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FORM PM Ellen OF VIT Samuel T. Fisher LAST Ma rv McGahasi 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 64090Kilmer Street DIVISION (YES, NO, OR WHKNOWN) WITH FO (IF YES GIVE WAR OR DATES) 577 05 1523A Joseph Fisher Hyattsville, Md. (Son) 18. CAUSE OF DEATH (Enter only one cause per lims for (a), (b), and (c).) APPROXIMATE INTERVAL αÓ ISIT PERMIT. HYGIENE, D PART I DEATH WAS CAUSED BY tends exerctic Cardio Vaseular distan IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Canditions, it any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last AND CREMATION, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD OF EDEPARTMENT OF PRIOR TO BURIAL, OF YES 🗌 NO CX 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 0 CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) SHOULD BE FORWARD SHOULD BE FORWARD PAGE 3
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EXECUTE THE C.
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TO FUNERAL D.
AFTER DEATH, V.
BALTIMORE, MA. EXAMINER'S NAME (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE STATE Burial Ft. Lincoln Cemetery Brentwood P.G. Md. BP. BY REGISTRAP 256. REGISTRAR'S SIGNATURE 25e. DATE BEG'D 24 Francis Gasch's Sons Funeral Home, P.A. **DHMH - 17** (VR A15 ME (5)) 30M 7/73 Hyattsville, Maryland

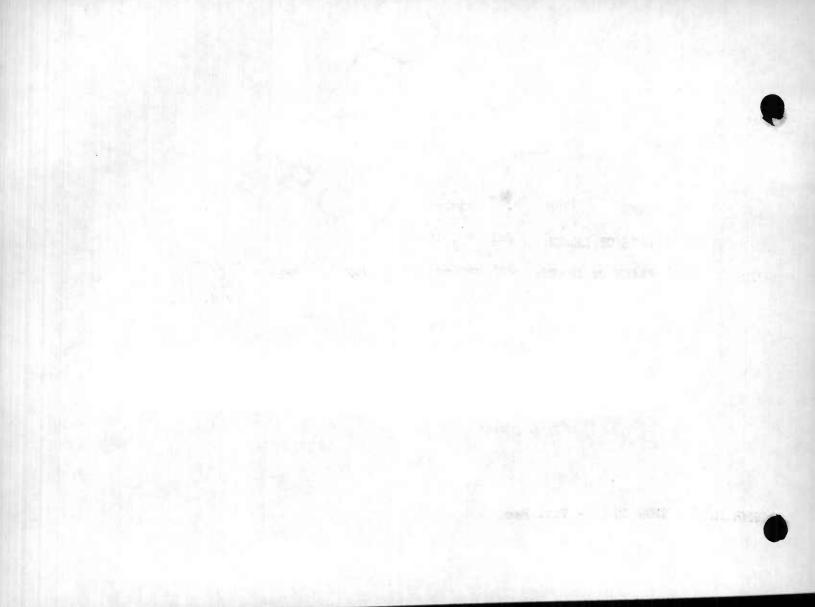
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NAME: John N. Fisher

DATE OF DEATH: July 20, 1979

PLACE OF DEATH: Prince Georges County SEE: 79-17565
July 1979
Fred. Co.



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FOR

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DHMH-16 20M (VRA 15, 4) 7/78 REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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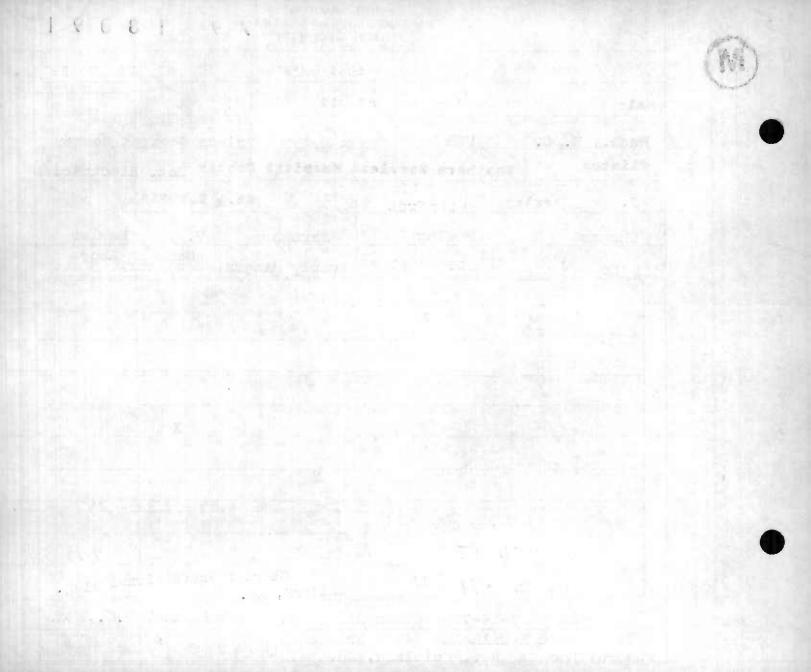
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IF UNDER 24 HRS

CERTIFICATE OF DEATH



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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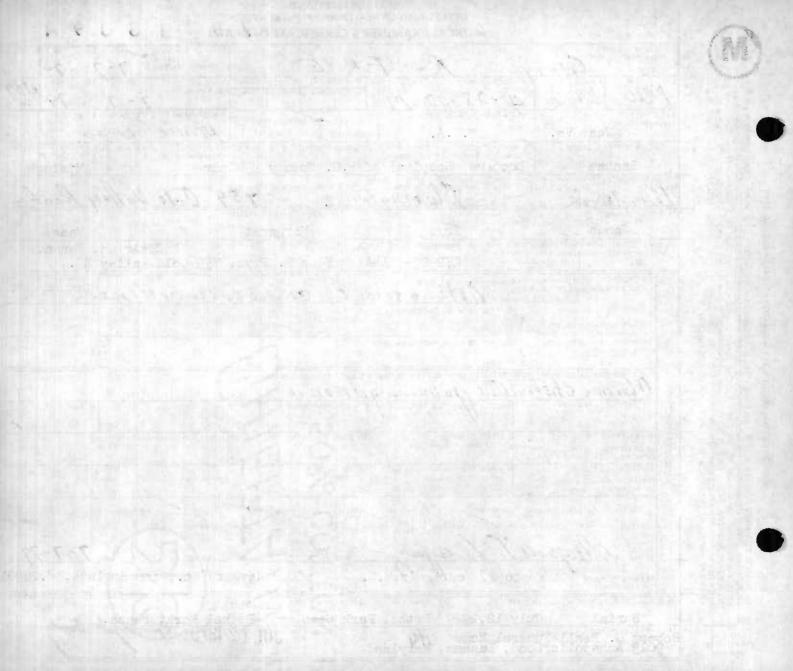
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George P Kalas F. H. 6160 Oxon Hill Rd Oxon Hill, Md

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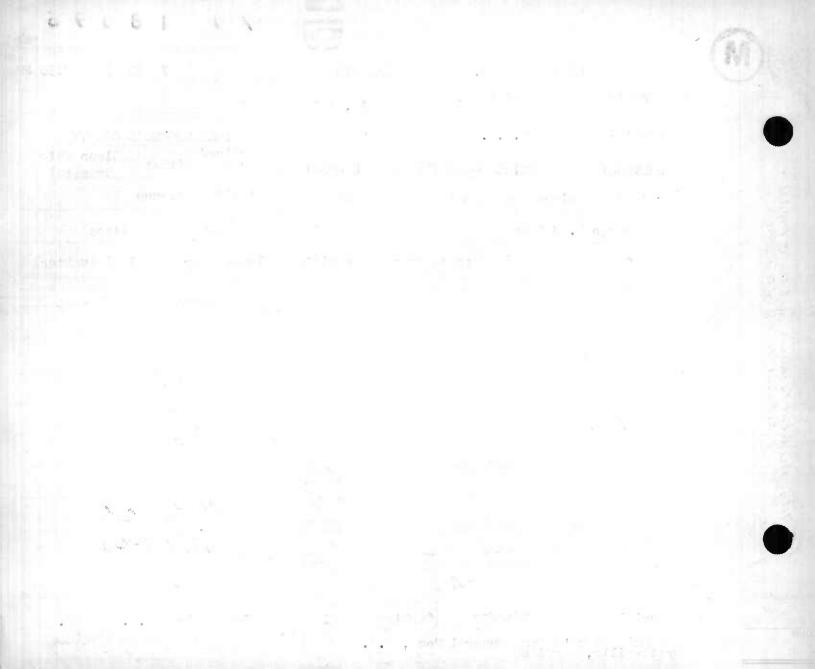


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	L EXAMINE E CERTIFICA OUID BE FCA L DIRECTOR H, WITH THE MARYLAND,	18	ACTUAL SIGNATURE	nausli	Pol	driede		Deputy			DATE	7-7-	- 79
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST 2a DATE OF DEATH I DECEASED NAME FIRST 26 HOUR TYPE OR PRINTS LYDIA 13 79 8:50 H. **GALOTTA** 07 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 3 SEX & AGE (IN YEARS LAST BIRTHDAY) MONTH Female White YEAR DAYS HOURS July 14. 1906 YRS To. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Virginia U.S.A. PRINCE GEORGE'S COUNTY WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12 PUSHAL OCCUPATION (TIPE OF WORK FOR MOST OF WORKING LIFE) NUTSES ASSITANT IN CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PRINCE GEORGE'S GENERAL HOSPITAL CHEVERLY Hospital MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 9:40AM 130 STATE 136 COUNTY Bowie 1375015066SS Avenue 13d INSIDE CITY LIMITS? Maryland rince Geo YES NO [15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME George W. Hylton LAST Elsie Blanche Wilson ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NOTHINKNOWN) (IF YES, GIVE WAR OR DATES) Loucille Appleman Same as #13 (Daughter) 219 42 3521 11 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to1, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 9a DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD YES [NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a | certify that (1) (this hospital) attended the deceased from, sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death. 221-SIGNATURE DEGREE 221. DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL old be deto DIRECTOR | PHYSICIAN PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 0 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b DATE STATE Burial CITY OF TOWN COUNTY 7/16/79 Perkins Chapel Glenn Dale P.G. Md. 14 FUNERAL DIRECTOR Francis Gasch's ons Funeral offlome. P.A. DHMH-16 20M Hvattsville, Maryland (VRA 15, 4) 7/78

STATE OF MARYLAND



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	1-	FOR STATE REGISTRAR	DEP		CATE OF DEATH	REG. NO.	180	96
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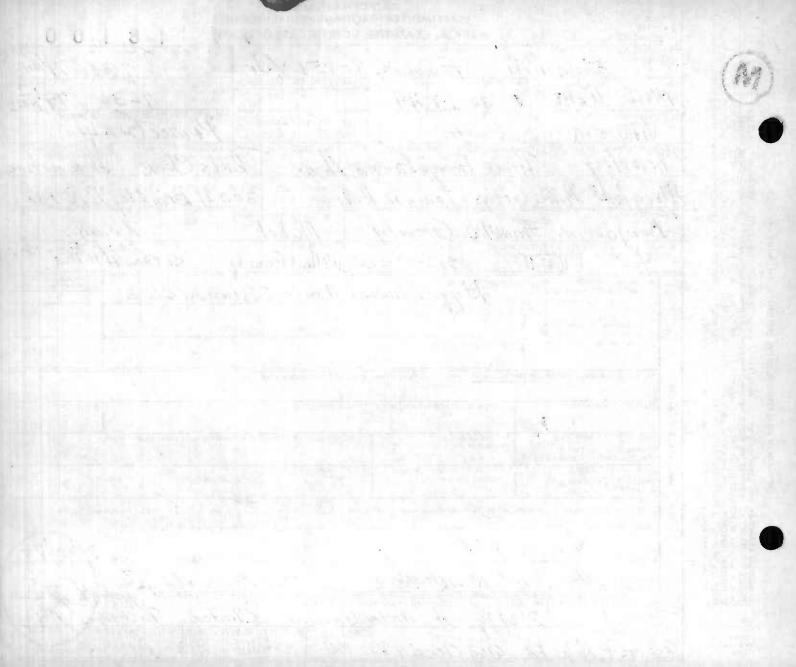
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN TYPE OR PRINT ESTI-1amm DEATH MATED DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS IF UNDER 1 YR 2d HQUR 24. DATE BIRTHDAY) PRONOUNCED DEAD FOR Y 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR MARRIED NEVER MARRIED COUNTRY r9/10/9 WIDOWED DIVORCED FILED, 301 W OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 300 L VITAL F 15. MOTHER'S MAIDEN NAME DIVISION OF VITA MIDDLE 169. WAS DECLASED EVER IN U.S. ARMED FORCES? 7 INFORMANT (YES, NO OR UNKNOWN) CAUSE OF DEATH (Enter only one cause per life for (a) APPROXIMATE INTERVAL PERMIT BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR 151 CONSEQUENCE OF BURIAL-TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) ⋖ HEALTH CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 9 BURIAL YES [NO [E 3 SHOULD BE E DEPARTMENT O PRIOR TO BURIA 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC. STREET STATE CITY OR TOWN COUNTY PAGE STATE 22a. I certify that I taak charge of the remains described above, held an Autopsy and in my apinian DIRECTOR: Inspection Inquiry ARYLAND, death resulted fram: Undetermined manner Natural causes Accident Hamicide TO MEDICAL E.
EXECUTE THE C.
PAGE 4 SHOU!
TO FUNERAL D.
AFTER DEATH, V.
BALTIMORE, MA. SIGNED TYPE OR PRINT 236 LOCATION 23b. DAJE 234-NAME OF CEMETERY OR CREMATORY BP %0. DATE REC'D. BY REGISTRAR 256. REGISTBAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 30M 7/73



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

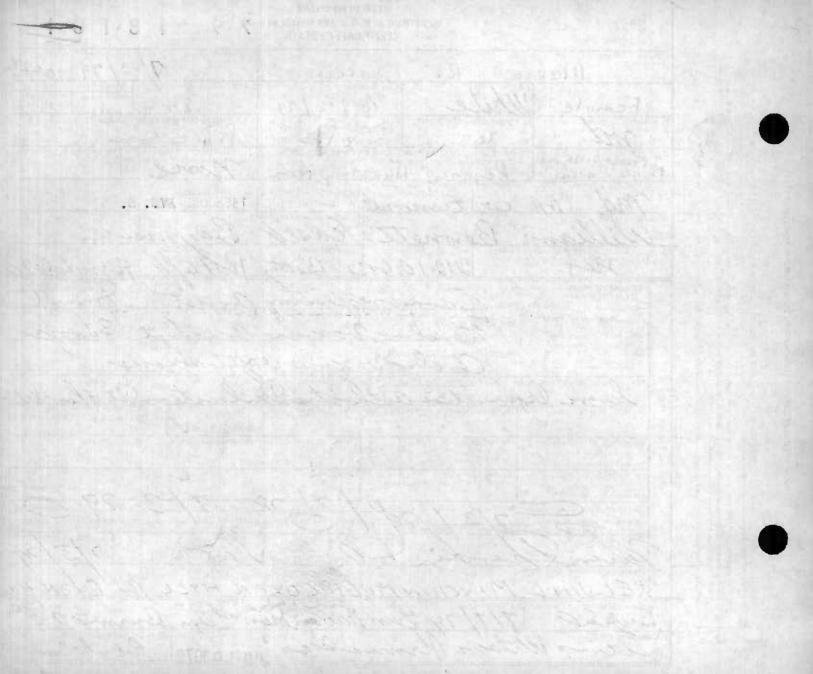
CERTIFICATE OF DEATH

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FOR

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cate be executed within 24 hours after

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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24	1.	FOR STATE REGISTRAR			DEPA		HEALTH AND MENTAL H	IYGIENE	7 9 REG. N		8 1	0 2	5
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1	YE YE	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SI 228 38		17 INFORMANT MARGARET A.	GRE	ER Lando	vermo	nt Ave		-
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	23a (BURIAL, CREMATION,	REMOVAL	23b. DATE 7/30			Cemetery or cremator		Relair	Harfo	county	Md.	TATE
Α	24 F	Tanch's Gas	ch's	Sons Fu	neralonell	ome, P	. A . 256 C	DATE REC	D. BY REGISTRAR	25b. REGIST	TRAR'S SIGNA	TURE /2	

DHMH-16 20M (VRA 15, 4) 7/7B

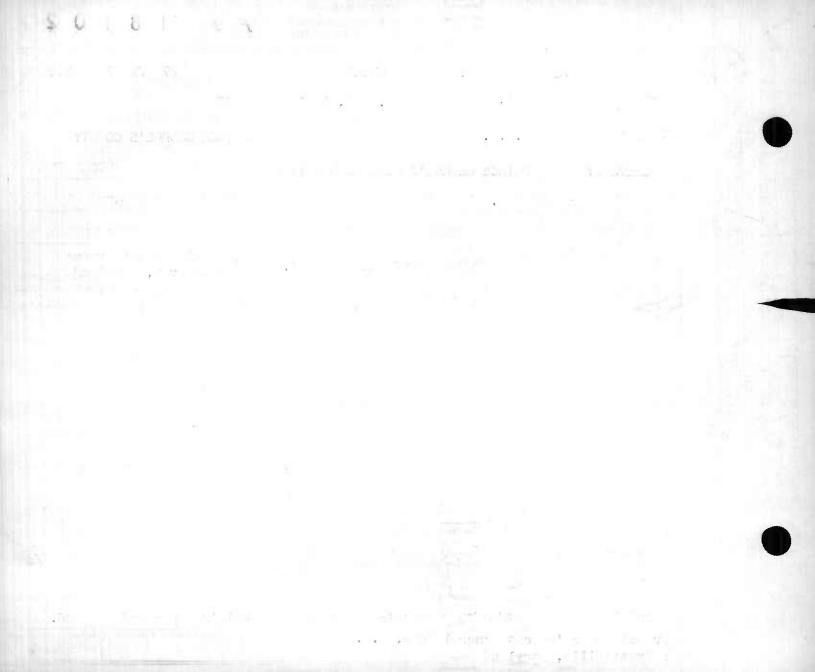
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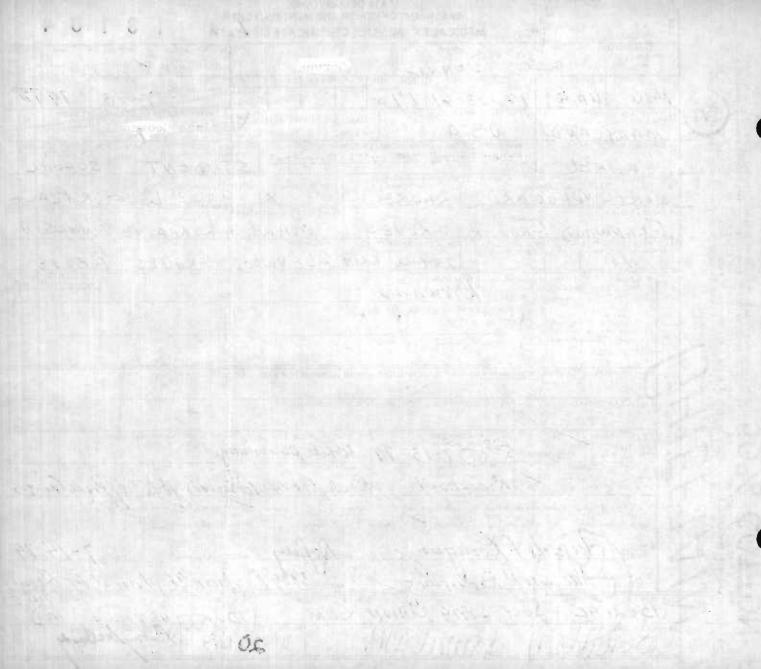
Hyattsville, Maryland

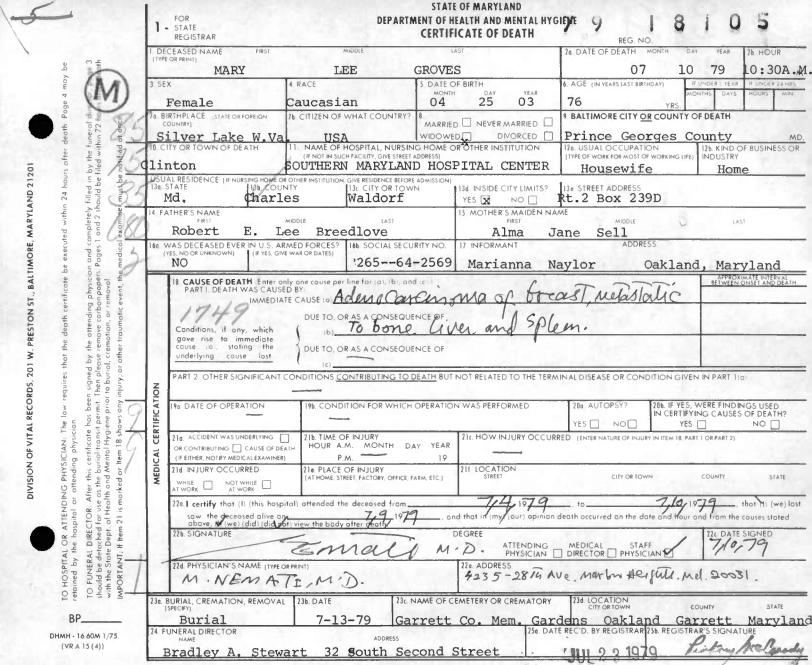


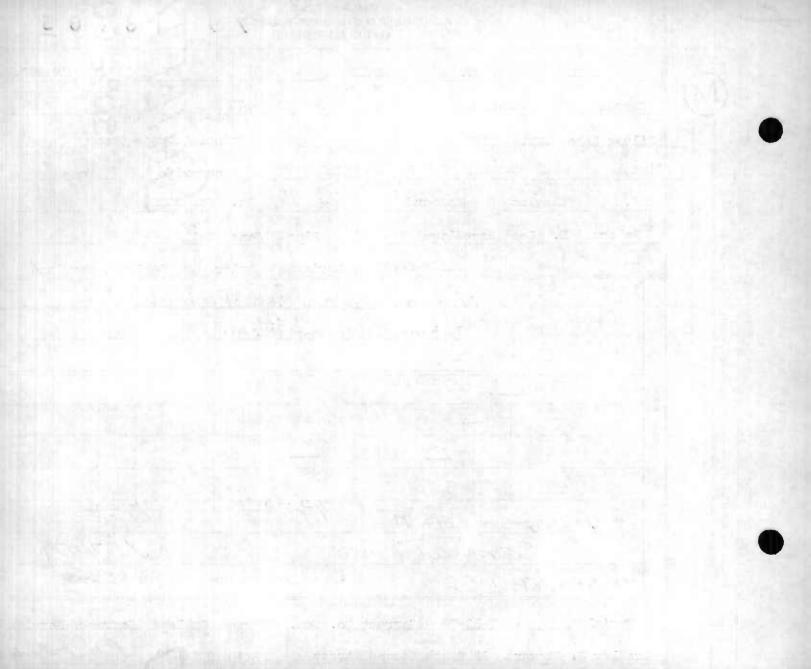
- 1	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE (1) 1 (1)	
1	- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	8 1 0 3
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70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED BALTHMORE CITY OR C	OUNTY OF DEATH
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	SUAL RESIDENCE IN IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) B. STATE 136. COUNTY 137. CITY OR TOWN 138. INSIDE (ITY LIMITS? YES NO 5435 05th Avenue 139. STREET ADDRESS NO 5435 05th Avenue	ıe
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/	Conditions, if ony, which gave rise to immediate couse (a) stating the <u>underlying couse lost.</u> PART 2 OTHER SIGHIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
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230	EXAMINET'S NAME ALGUST P. RODEIGLES MODRESSOOGRay busto, Co	any Spurse
123	6.BURIAL, CREMATION, REMOVAL 1216 DATE 1736, NAME OF CEMETERY OR CREMATORY 1736 LOCATION	1.4700.
	Burial 24 JUL 79 Cedar Hill Cemetery SiPtland, Mar	Azerno spor
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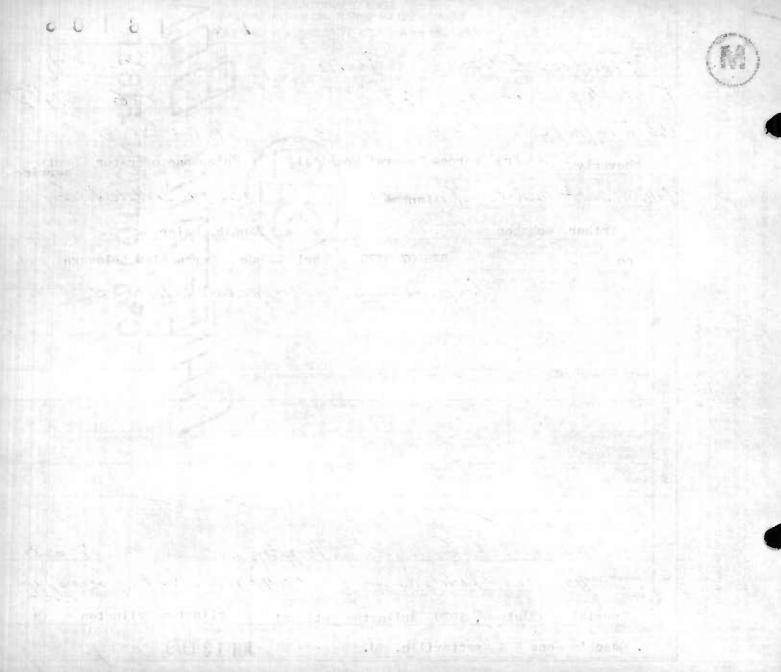
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR FIRST DECEASED NAME 20. DATE KNOWN 26. HOUR (TYPE OR PRINT) OF ESTI-Gordon : 00M ENNIS Groves: 07 13 19 79 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 24. DATE PRONOUNCED -03 DEAD TE BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Prince Georges County WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS 120. USUAL OCCUPATION LTYPE OF WORK OR INDUSTRY Greater Laurer Bertsville Hospital SCHOOL USUAL RESIDENCE MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS LISE COUNTY 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE ROVES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (IF YES, GIVE WAR OR DATES) G-LENWOOD CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (g). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF OR REMOVAL. Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION OF HEA 19g, DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES [] NO [21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HODA.M. MONTH DAY OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 211. LOCATION 21d. INJURY OCCURRED NOT WHILE AT WORK Cesavoor AT WORK PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P.
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 21; 22a. I certify that I took charge of the remains described above, held an death resulted fram Natural causes Accident Undetermined manner Homicide (TYPE OR PRINT) COUNTY CEM NION TONS VILLE BP. 256 A GISTRAR'S FIGNATURE 24 FINERAL DIRECTO **DHMH-17** (VR A15 ME (5)) 15M 7/77

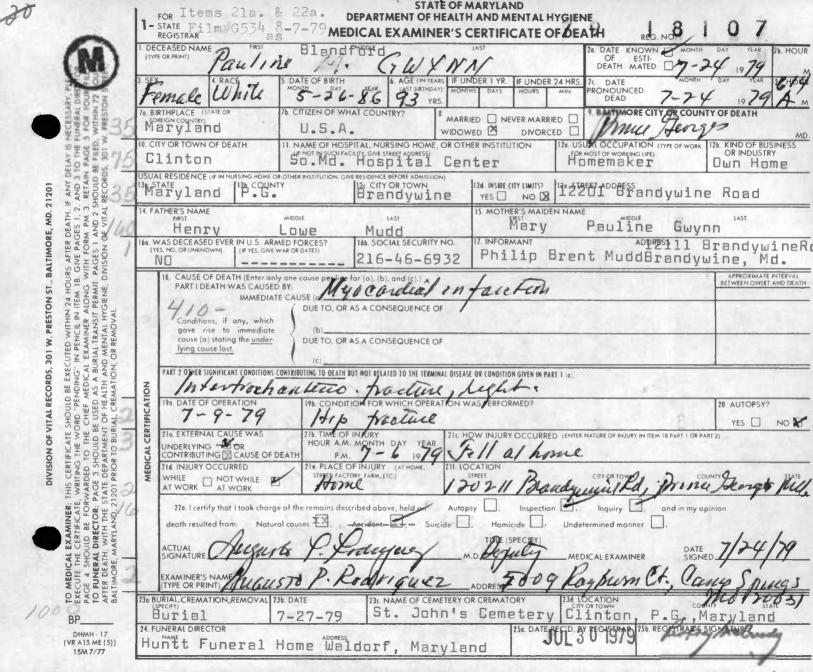






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ELAY IS N TO THE FI TO THE FI TO THE FI SS, 301 W.		Cheverly	Pro Geo	PITAL, NURSING HOME CHITY GIVE STAFET ADDRESS! TRES GENERAL	1 Hos	pital	120. USUAL OCCUPATION FOR MOST OF WORKING LIFE Telephone	operator	or industry County
ANY CAND 3 ANY CAND 3 COULD COULD	130 5	ALRESIDENCE (IF IN NURSIMOTHOME OF	ROTHER INSTITUTION, GI	Lanham	í.	13d INSIDE CITY LIMITS? YES \(\text{NO} \(\text{O} \)	1, ,	vdele v	Rorl
MD. ATH.			MIDDLE Ahon	LAS7			annah Baier	9.	LAST
BALTIMORE, RS AFTER DE GIVE PAGE: WITH FORM PAGES 1 AR		VAS DECEASED EVER IN U.S. ARN (IF YES, GIVE V	WAR OR DATES)	166. SOCIAL SECURIT 578 07 08		17 INFORMANT Karl E Gu		ress iew Dela	Ware
W. PRESTON ST D WITHIN 24 HG ENCIL IN ITEM AMINER ALONG TRANSIT PERM TREMOVAL.		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gave rise to immediate cause (a) stating the underlying couse lost.	E CAUSE (o) DUE TO, OR (b)	AS A CONSEQUENCE (OF	Ordeo Vi	is cular de	slace	BETWEEN ONSET AND DEATH
CORDS, BE EXE NDING* WEDICA AS A BI AITH AN MATION	VIION	PART 2 OTHER SIGNIFICANT CONDITIONS C		BUT NOT RELATED TO THE TERM TION FOR WHICH OPER			RT 1 (a),		20. AUTOPSY?
F VITAL RE TE SHOULD WORD "PEI WORD "PEI OF BEI OF BEI URIAL, CRE	CERTIFICATION							b	YES NO
VISION OF VITAL VISION OF VITAL ING THE WORD ED TO THE CHIE STANDLE BE US SEPARMENT OF SEPARMENT OF RIOR TO BRIAL (MEDICAL CE	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D 210. INJURY OCCURRED		MONTH DAY YEAR	21c. HO		D (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2	2)
DIVISIC BIVISIC FE. WRITING RWARDED T PAGE 3 SH T. PAGE 3 SH T. PAGE 1 SH T. PA	MED	WHILE NOT WHILE AT WORK		OF INJURY (ATHOME, TORY, FARM, ETC.)		REET	CITY OR TOWN	COUNT	TY STATE
XAMINER EERTFICATION BE FOUND BE FOUND BE FOUND THE THE		226. I certify that I took charge death resulted from: Natura ACTUAL SIGNATURE	e of the remains des		Autaps	y , Inspection Hamicide ,	Undetermined manner	and in my apini DATE SIGNED.	7-6-79
TO MEDICAL E EXECUTE THE O PAGE 4 SHOU AFTER COBATH BALTIMORE, MA	-	EXAMINER'S NAME LIGHTS.		driadaz		ADDRESS 500/9,	Ray Dum Ch,	. Cary Sy	surp Med
6600	(:			23c NAME OF CEA		National	236 LOCATION CHY OR TOWN Arlington	Arlingt	on Va
DHMH-17 20M 1/73 (VR A15 ME (5))	24. F	uneral director F. Gasch's Sons	P A Hyan	ttsville, M	d.	750. DATE F	REC'D. BY REGISTRAR 256 AUL 1 3 1979	REGISTRAR'S SIG	Machine Credy
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TO HOSPITAL SECTION PHYSICIAN. The low requires that the death certificate be executed within 24 hours after the certained by the hospital or ottending physician.

	1 -	FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 9	181	0 8
	1 DE	CEASED NAME FIRST OR PRINT)	MIDDLE	L	AST	20 DATE OF DEATH MO		26. HOUR
		CATHER		HAL		07-		5:15
\	3. SE	x 'emale	White	5 DATE C	DAY YEAR	& AGE I'M YEARS LAST BIRTHDA	MONTHS DAYS	
)		RTHPLACE (STATE OR FOREIGN			19, 1924	54	YRS	
33	Vi	ountry) rginia	U.S.A.	MARRIEI WIDOWE	D NEVER MARRIED D DIVORCED	PRINCE G	EORGES	٨
per 14	С	TY OR TOWN OF DEATH HEVERLY	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE PRINCE GEORI	GES GEN		OTTO THE OF WAR ALL Manager	ORKING LIFE) 17.5. KIND INDUSTRI Hous	e
35	13q S	AL RESIDENCE (IF NURSING HOME C STATE 13b, COU 1ryland Frinc	or other institution, give residence inty Light City of River C	E BEFORE ADMISSION) LTOWN LALE		5414 Kenil	worth Terr	ace
exomine	14. FA	William Moor	man Smith Ji	ř.	Blänche	Morris	Tyl	ër
the medicol	16a V	VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) YES, GI	VE WAR OR DATES)	SECURITY NO. L8 4280	17 INFORMANT Arthur B. Hal		allatin Pl ville, Mar	
ry, or other traumotic e		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS b) DUE TO, OR AS A CONS CONDITIONS CONTRIBUTING	SEQUENCE OF	Leuhen Not related to the term	NAL DISEASE OR CONDIT	ION GIVEN IN PART 1	f pron
shows ony inju	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA		
Hem 18 st		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.M. MONTH	H DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	NITEM 18, PART T OR PART 2)	
orked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
n 21 is mo		sow the deceased olive o above: (1) Iwey (did), did i	oital) attended the deceased final polynemia (control of the control of the contr	19 77 , or	nd that in (m) (aur) apinion c	leath occurred on the date		
Z		276 SIGNATURE CEL	Kuden			MEDICAL STAFF DIRECTOR PHYSICIAN	1 7	SIGNED
MPORTANT		Robert Rude			6201 Green	belt Rd Coll	lege Park,	Md.
5	230. 8 Bu	BURIAL, CREMATION, REMOVA PEGIFY) Pial	7/15/79	Mt. Vie	emetery or crematory w Cemetery	23d LOCATION CITY OF TOWN Clifton For		apy Va
_ 1								
ом_	Fr	anciere Gasch's	Sons Funeral H	ome, P.A	25a. DAT	REC'D. BY REGISTRAR 250	REGISTRAR'S SIGNA	TURE

35 5 1 M N . . . W-10002 The state of the s tipeform of the second of the

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STATE OF MARYLAND

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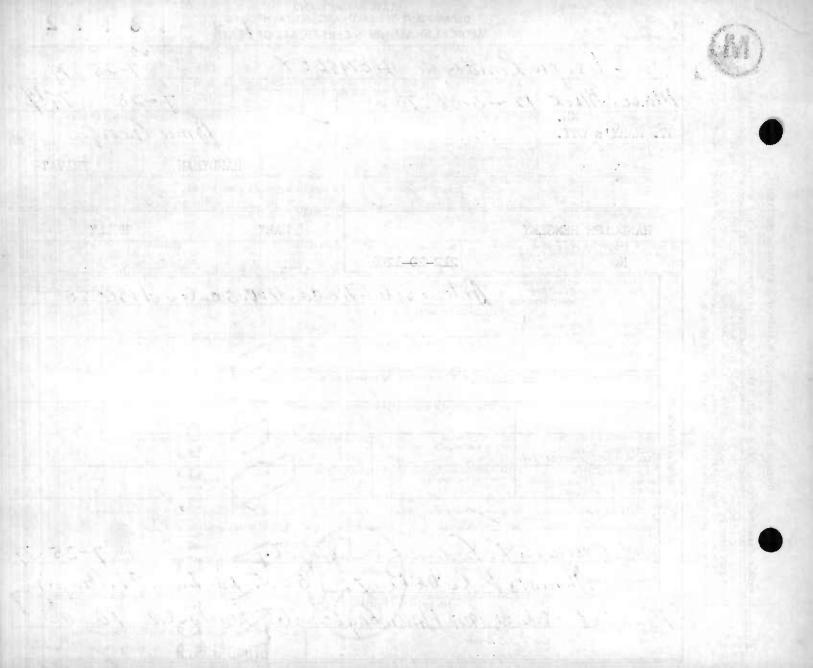
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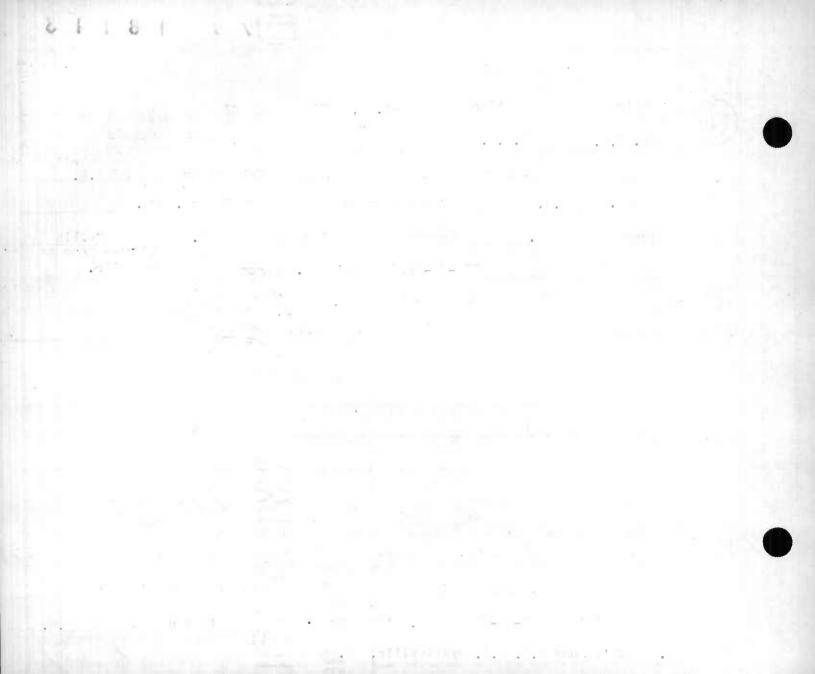
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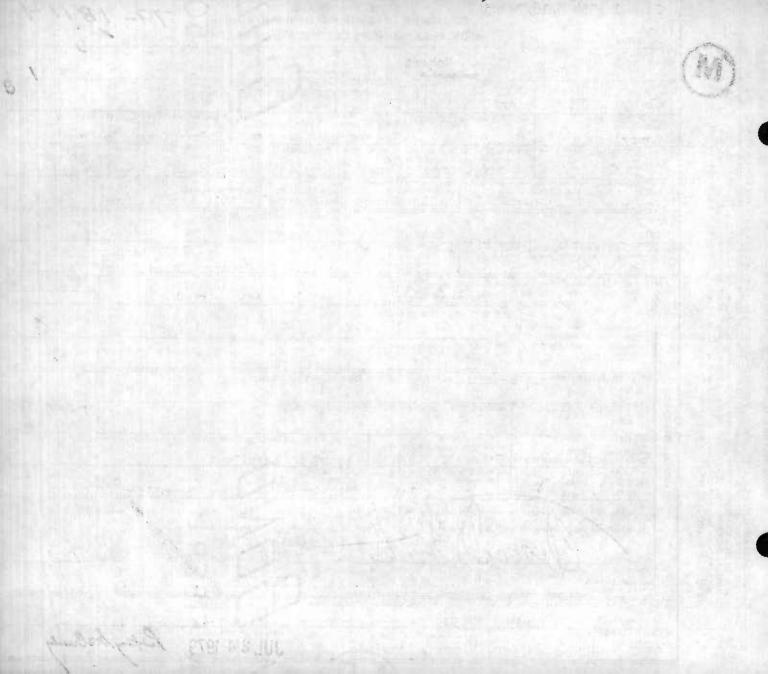
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1 63	1-	OR TATE EGISTRAR	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	18112
(1)		EASED NAME OR PRINT) COSO Ph Ra	ndofph HEI	LAST Zo. DATE KNOW OF EST DEATH MAT	
SSARY, PLE RRAL DIRECT R YOUR FI HIN 72 HOI	3. SE		23-08 LAST BIRTHDAY) MON	DEAD	7-25 1979
NECESS STORES OF WITHINGS OF W	ร์วิ	MARY'S CTY. U.	S.A. WIDO		e trengis MD.
DELAY IS N 3 TO THE F 3 BE FILED, 5 0 BE FILED, 301 W	MAI	(IF NOT IN	OF HOSPITAL, NURSING HOME, OR OT SUCH FACILITY, GIVE STREET ADDRESS) IVERSON STREET	FOR MOST OF WORKING II	PE OF WORK 126. KIND OF BUSINESS OR INDUSTRY PRIVATE
F ANY AND RETAIL HOULD	13a. S	MD. 13b. COUNTY PRINCE GEO	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES \$\overline{R}\$ NO \$\overline{R}\$ 2745 IVERSO	ON STREET
MD. ATH.		HER'S NAME RANDOLPH HEMSLEY AS DECEASED EVER IN U.S. ARMED FORCES	? 166 SOCIAL SECURITY NO.	15. MOTHER'S MAIDEN NAME FRST MARY 17. INFORMANT AD	HOLLY LAST
BALTIMORE, URS AFTER DE S. GIVE PAGE WITH FORM PAGES 1 AN DIVISION OF	(1)	NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause F	212-20-1201	ANNIE E. HEMSLEY/2745	Marian Herants Ma
RDS, 301 W. PRESTON ST., EXECUTED WITHIN 24 HOI NG" IN PENCIL IN ITEM 16 HCAL EXAMINER ALONG A BURIAL-TRANSIT PERMIT 1 AND MENTAL HYGIENE, ITON, OR REMOVAL.		Canditians, if any, which gave rise ta immediate (b)	O, OR AS A CONSEQUENCE OF	ASE OR CONDITION GIVEN IN PART 1 (a).	BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 301 SCERTIFICATE SHOULD BE EXECUTE NITING THE WORD "PENDING" IN POED TO THE CHIEF MEDICAL EX, RE 3 SHOULD BE USED AS A BURIAL E DEPARTMENT OF HEALTH AND MI	CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION	WAS PERFORMED?	20. AUTOPSY?
CERTIFICATE SHOIL TING THE CHIE E STORE THE CHIE E 3 SHOULD BE US TO PRIOR TO BRIALLY OF PRIOR TO BURRAIL.	MEDICAL CER	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	JR A.M. MONTH DAY YEAR P.M. 19	HOW INJURY OCCURRED LENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
DIVIS R: THIS CER TE, WRITING DRWARDED DRWARDED S: PAGE 35 5: STATE DERIC	WE	AT WORK AT WORK	EET, FACTORY, FARM, ETC.)	STREET CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER EXECUTE THE CERTIFICATION PAGE 4 SHOULD BE FOR AFTER DEATH, WITH THE BALTMORE, MARYLAND,		22a, I certify that I taak charge of the remo	Accident , Suicide	Appy I, Inspection I, Inquiry I, Hamicide I, Undetermined manner THE (SPECIFY M.D. JEPUTY MEDICAL EXAMINER	DATE 7-25-79 Ch Cheen Su
BATTER AFTER	1	TYPE OR PRINT) BURL, CREMATION, REMOVAL 236, DATE OFFI OF	234. NAME OF CEMETERY	(Cometer Landov	er to ma
DHMH - 17 (VR A15 ME (5)) 30M 7/73	24. F	NERAL DIRECTOR ROllins, Inc. 4339 Hunt Place, N.	ADDRESS Washington, D.		negistran's signature



		FOR STATE REGISTRAR				CERTIF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE	9 REG. N	10.	8	1	1 3
		CEASED NAME	FIRST	WIDOLE			AST	.5	OF DEATH	MONTH	DAY		25. HOUR
			EDWARD		3PH		ISON	JUL	ıΥ	23	197		11:50
	3. SEX		[4	RACE		5. DATE C		6. AGE III	YEARS LAST BI	THDAY)	MONTHS	DAYS	IF UNDER 24 H
\		Male		White		Oct.	2, 1933	4		YRS			
)	CC	RTHPLACE ISTATE OF DUNTRY)	FOREIGN 7h	U.S.A.	I COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIORCED D		Prince				
83	10 CI	ty or town of d Lanham		(IF NOT IN SUCH FACI	LITY, GIVE STREET A	ADDRESS)	Geo. Co	(TYPE OF W	Driver	OF WORKING	LIFE) INC	KIND OF	ellow
35	USUA 13e S	AL RESIDENCE (IF NO.	IRSING HOME OR OF 136 COUNTY	THER INSTITUTION, GIVE R	RESIDENCE BEFORE CITY OR TOWN	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREE	TADDRESS 7 85th				
	I4 FA	THER'S NAME					15 MOTHER'S MAIDEN N				70		
111	10	larry	M	DOLE	Hensor	n	Bernice		WIDDLE		C	Hef	flin
	160 W	AS DECEASED EVE	RINUS ARMI	ED FORCES? 146 S	SOCIAL SECUR		17 INFORMANT		ADDR	ESS AC	ldres		me as
1	(4	ES, NO OR UNKNOWN)	(IF YES, GIVE W		7-44-05	525	Regina C. He	nson		No	# 1	3e.	
	NOI	Canditions, if an gove rise to it couse 101, sta underlying cou PART 2 OTHER SIG	nmediate ting the ise lost.	DUE TO, OR AS A	a CONSEQUE		metas NOT RELATED TO THE TER.	LAS	ASE OR COM	IDITION G	IVEN IN E	PART Ho	11
	CERTIFICATION	196 DATE OF OPER	ATION	196 CONDITION	FOR WHICH O	OPERATIO	N WAS PERFORMED	200 AU	TOPSY?	20b. IF Y	ES. WERE		IGS USED OF DEATH?
04								YES 🗌	NO				NO 🗌
		218. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH	P.M.	MONTH DA	Y YEAR	21c HOW INJURY OCCUI			,	YES		
	MEDICAL CER	OR CONTRIBUTING [(IF EITHER, NOTIFY MED 21d INJURY OCCU WHILE NOT	CAUSE OF DEATH	HOUR A.M.	MONTH DA	19	21c HOW INJURY OCCUI			JRY IN ITEM 18	TIFYING (YES		
		OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d INJURY OCCU WHILE NOT AT WORK AT 1 220 I certify that it sow the deced	CAUSE OF DEATH DICAL EXAMINER) RRED WHILE NORK (I) (this haspitol pased alive on (did) (did nat)	HOUR A.M. P.M. 21e PLACE OF IN (AT HOME, STREET, FA	MONTH DA	19 ARM, ETC }	211 LOCATION STREET 29 19 19 19 DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICA MEDICA	CITY OR TO	JURY IN ITEM 18	COU	JATE S	STATE sthat (I) (we) causes stated
	WEDICAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEE 21d INJURY OCCU WHILE ATWORK ATWOR	CAUSE OF DEATH DICALEXAMINER) IRRED WHILE WHILE WHILE (I) (this haspitol ased alive on (I) (did nat) WAME (TYPE OR PI M ERFAN	HOUR A.M. P.M. 21e PLACE OF IN (1AT HOME, STREET, FA I) attended the deciview the bady after RINT) M.D.	MONTH DA JURY ACTORY, OFFICE, FA Leosed from 19 Z death.	19 ARM, ETC) . an	211 LOCATION STREET 29 19 19 19 DEGREE ATTENDING PHYSICIAN	MEDICA MEDICA MEDICA MEDICA 1734 LO	city on to	JURY IN ITEM 18	course of the co	part 2) JINTY From the c R. DATE S 7 - 2	STATE that (I) (we) causes stated SIGNED
	WEDICAL	OR CONTRIBUTING (IF ETHER, NOTIFY MEE 21d INJURY OCCU WHILE ATT 220 I certify that Sow the decectory, (1) (we) 22b. SIGNATURE 22d. PHYSICIAN'S I BAHRAN BURIAL, CREMATION PECLIFY)	CAUSE OF DEATH DICAL EXAMINER) IRRED WHILE CONTR (I) (this haspitol ased alive on	HOUR A.M. P.M. 21e PLACE OF IN (AT HOME. STREET, FA 1) attended the deciview the bady after RINT) M.D. 23b. DATE	MONTH DA JURY ACTORY, OFFICE, FA Leosed from deoth. 23c. N	ARM, ETC) ARM, ETC) ARM OF C	211 LOCATION STREET 19 29 and that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS 5 6005 Lando	MEDICA MEDICA MEDICA WEDICA 23d. LO CIT	city on to	JAY IN ITEM 18	COU	part 2) JINTY From the c R. DATE S 7 - 2	STATE
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REGISTRAR REG. NO. I. DECEASED NAME (IVPE OR PRINT) John Joseph Hertzog REG. NO. April 22,1952 Zohate of Birth Month DAY YEAR LAST Hertzog To Date Month DAY White April 22,1952 Zohate April 22,1952 April 22,1952 To Birthplace Foreign country Pennsylvania U. S. A, MEDICAL EXAMINEK'S CERTIFICATE OF DEATH REG. NO. REG. NO. REG. NO. REG. NO. REG. NO. April 20, DATE PONDUNCE OF STILL TO DEATH MONTH MONTH MONTH MONTH MONTH DAYS MONTH MONTH MONTH DAYS MONTH DAYS MONTH PRONOUNCED DEAD 7 BALTIMORE CITY OR COUNTY Pennsylvania U. S. A, WIDOWED DIVORCED Prince George's	9 1979' DAY YEAR 76 H
Deceased Name First Middle Last Robert Token Token Robert Token Robert Token Robert Token Robert Token Robert Token Robert Token Tok	9 1979' J
John Joseph Hertzog Death Mated 77 I RACE White April 22,1952 27 yrs. Funder 1 yr. If under 24 hrs. Pronounced Dead 77 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania U. S. A. Wildowed Divorced Prince George's	9 1979' DAY YEAR 74 F
THE LONG THE	DAY YEAR 78 H
White White April 22,1952 27 yrs. MONTHS DAYS HOURS MIN PRONOUNCED TO BEAD TO BE BEAD TO	7.
BIRTHPLACE (STATE OR FOREIGN COUNTRY? B. MARRIED NEVER MARRIED Prince George's Prince George's	0 70 11
Pennsylvania U. S. A. WIDOWED DIVORCED Prince George's	9 1979 1
Pennsylvania U. S. A. WIDOWED DIVORCED W Prince George's	
	County,
I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	OR INDUSTRY
Cheverly Prince George's General Hospital Plumber	Building
USUAL RESIDENCE IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. COUNTY 136. CITY OR TOWN 134. INSIDE (ITY LIMITS? 130. STREET ADDRESS	
Virginia Fairfax Falls Church YES NO X 1917 Leonard Road	<u>d</u>
14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE AND FIRST MIDDLE	LAST
	ltimus
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT 1917 Leonar	rd Road
No 230-76-7572 George T. Hertzog, Falls Churc	
18. CAUSE OF DEATH (Enter anly ane couse per line far (a), (b), and (c).)	APPROXIMATE INTER
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of chest (,22 cal. rifle)	
1/52 DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which gove rise to immediate (b)	
cause (a) stating the <u>under-</u> DUE TO, OR AS A CONSEQUENCE OF	
lying cause last.	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 :0	
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR TAN MONTH, DAY, YEAR 211. TORPAR	Tea durantus
196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	YES X NO
	H 2)
CONTRIBUTING CAUSE OF DEATH 7 P.M. 7 9 1979 shot by assailant	
214 INJURY OCCURRED 216. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.)	JNTY
while at work at work street, factory, farm, etc.) while at work at work parking lot / 85th Ave. New Carrollton,	P.G. MD
220. I certify that look charge of the remains described above, held an Autopsy X. Inspection . Inquiry . and in my api	inian
death resulted fram: Natural couses . Acciden . Spicide . Homicide . Undetermined manner .	
JITLE (SPECIFY)	
	D 7/10/79
ACTUM SIGNATURE MEDICAL EXAMINER SIGNED	1
ACTUM SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME Thomas D. Smith. M.D. 111 Penn ST Balto 1	MD.
ACTUM SIGNATURE M. Deputy ChiefMedical examiner Signer Examiner's name Thomas D. Smith, M.D. ADDRESS 111 Penn ST. Balto., 1	
ACTUM SIGNATURE M. Deputy Chiefmedical examiner SIGNET M. Deputy Chiefmedical examiner SIGNET M. Deputy Chiefmedical examiner SIGNET M. D. ADDRESS 111 Penn ST. Balto., 1 230. Burg. Cremation, Removal 236. Date 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CHYORTOWN COUNTY OF TOWN	
EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS 111 Penn ST. Balto., 1	NTY STATE



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of the second second	the wild arms that it after	ar . Second Pre	5.45° P.10° D.00°	67

3		FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENTY 9 8	116
	8	1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DATE	YEAR 26 HOUR
(9.45)	933	Oscar		Holt	7 23	79 5:00p M
W		3. SEX Wele	4 RACE White	5. DATE OF BIRTH MONTH OAY YEAR 1893		UNDER 1 YEAR OF UNDER 24 HRS NTHS OAYS HOURS MIN
a 6 g	ouce.	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	FDEATH
men 77	a to	Moss. Norway	U.S.A.	WIDOWED DIVORCED	Prince George'	S MD.
4 44	notified 2	10. CITY OR TOWN OF DEATH Riverdale	111. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Eugene Lelan	IG HOME OR OTHER INSTITUTION ADDRESS) d Memorial	121. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Bookbinder, G.P.	12b. KIND OF BUSINESS OR INDUSTRY O. Retired
fed he made	ust be	13a STATE 13b COL		N 134. INSIDE CITY LIMITS?	13e STREET ADDRESS	
y fill shoo	3	Maryland Pr.	Geo. Glenn D	ale YES NO I	12001 Green Cou	rt
ed within 24 hours ompletely filled in by and 2 should be 15e	exomin	Engebret	MIDDLE LAST HOLT	Helene	MIDDLE	llsdatter
	e medicol		ARMED FORCES? 166. SOCIAL SECU IVE WAR OR DATES) 577-60-6		ADDRESS Lower Same as # 13	
. A 49 6	event, the	PART I. DEATH WAS CAUS	only one cause per line (b), and SED BY: ATE CAUSE (a)	day Onest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
of the death cert y the ottending I se remove corbor cremotion, or ree	oumotic e	= 5070 Conditions, if ony, which	DUE TO, OR AS A CONSEQUE			(men Ty
	or other tro	gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ration	Carried State	
requires the signed by Then pleas	injury, o		CANIC Grain	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN	IN PART I(a)
he low requir ion. thos been signitement. Then	sows ony	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	U 196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
L'5 \$ 8 6	J J	CAUSE OF D	DEATH HOUR AM MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART	I OR PART 2)
PHYS ending this of the burned Me	0 o	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PEACE OF INJURY (AT HOME, STREET, PASTORY OFFICE, F	ARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

DHMH - 16 50M 7/77 (VR A 15 (4))

MEDI

WHILE

(SPECIFY)

AT WORK

224. PHYSICIAN'S NAME (TYPE OR PRINT)

saw the deceased alive an abave, (1) (did nat) view the body after death

220.1 certify that (1) (th

23g BURIAL CREMATION, REMOVAL

Burial

22b. SIGNATURE

24 FUNERAL DIRECTOR Robert G. Beall Funeral Home 9013 Annapolis Rd. Lanham, Md.

23b. DATE

attended the deceased from

23d. LOCATION CITY OR YOWN STATE COUNTY Cheltenham Md. Pr. Geo. Md. Veterans Cemetery REGISTRAR 256. REGISTRAR'S SIGNATURE

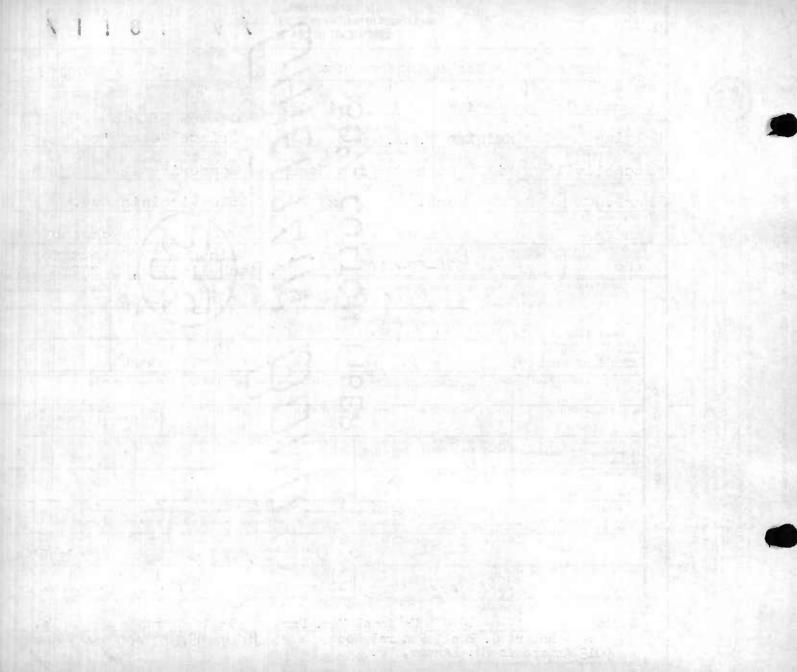
and that in (my) (and opinion death occurred in the date and hour and from the causes stated

ATTENDING MEDICAL STAFF
PHYSICIAN TO PHYSICIAN TO

22c DATE SIGNED

7-24-79

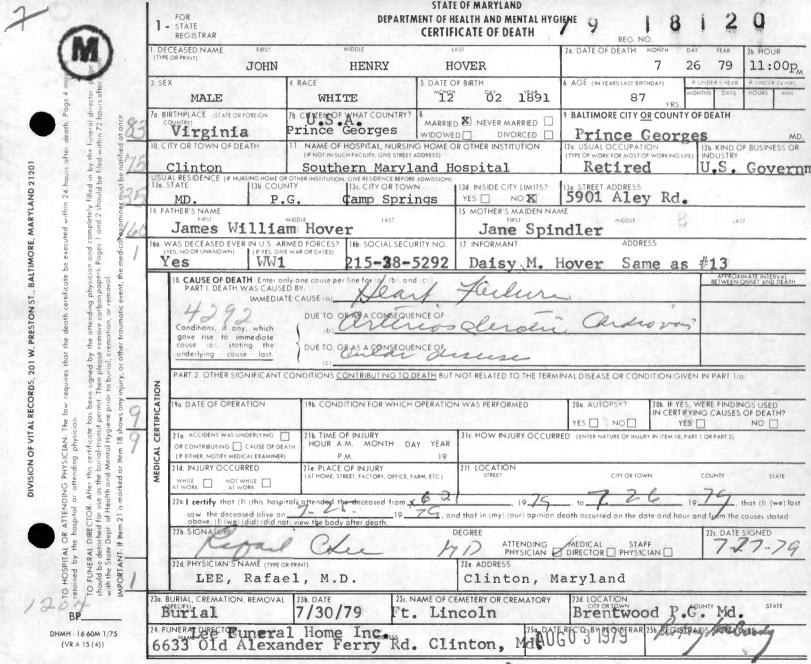
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		The SIGNATURE	ased alive ar	ot) view the body.	19			death accurr				from the		
		224 PHYSICIAN'S	NAME ITYPE	OR PRINTY	4		220 ADDRESS	^ -	1 5	\	-	2	0	00

DHMH-16 20M (VRA 15, 4) 7/78

IMPORTANT: If them 21 is marked or them 18 shaws any

"Francis Qasch's Sons Funeral Home, P.A. Hyattsville, Maryland

23b. DATE 7/14/79

230. BURIAL, CREMATION, REMOVAL BURIAL

Suitland 236 NAME OF CEMETERY OR CREMATORY
Cedar Hill Cemetery JUL 1 3 1979 REGISTRAR 256 REGISTRAR'S SIGNARY

P.G.

Md.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME Hutchings 20. DATE KNOWN ANNIH (TYPE OR PRINT) OF ESTI-DEATH MATED Moses Alexander Hutchins 10 79 6 AGE (IN YEARS IF UNDER TYR. TIF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH SEX DATE PRONOUNCED male White DEAD 10 79 20 197 a . M 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED C FOREIGN COUNTRY) Prince George County WIDOWED DIVORCED Marvland FILED, V 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS I NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION N PAGE BE FILED, Cheverly Prince George Hospital None USUAL RESIDENCE (IF IN NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS THE COUNTY 13c. CITY OR TOWN 13a STATE Pr.Geo. Riverdale 62d Md. YES X NO [VITAL 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MICDLE LAST FIRST Hutchings David DIVISION OF 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES, NO, OR UNKNOWN) David R. Hutchings - above address None (Father) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Sudden Infant Death Syndrome DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) « 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? DEPARTMENT OF I YES X NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (ATHOME 21f. LOCATION 21d. INJURY OCCURRED AT WORK AT WORLE STATE STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinion DIRECTOR: Accident Hamicide Undetermined manner death resulted fram: Natural causes TITLE (SPECIFY) EXECUTE INE PAGE 4 SHOULT TO FUNERAL DI AFTER DEATH, V 7/28/79 Assistant DATE MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS111 Penn Street, Baltimore, MD 21206 234. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23b. DATE Ft.Lincoln Cem. Brentwood Burial 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATU ley's F .H. ADDRESS Mt.Rainier. **DHMH-17** (VR A15 ME (5)) Md. Inc. 15M 7/76



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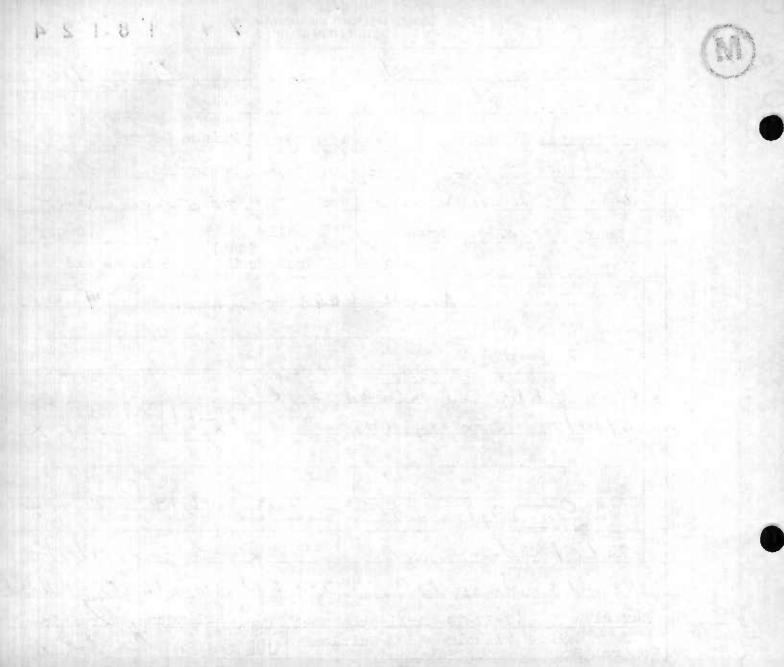
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B	STATE OF MARYLAND	
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1.0 1
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AND 2	136 STATE 136 INSIDE CITY LIMITS? 136 STREET ADDRESS	5/ 4
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f., BALTI riticate b physicial npapers. maval.	18 CAUSE OF DEATH Enter anly one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ATT hospir hospir hed for ept. of ltem 2 ltem 2	22b. SIGNATURE DEGREE	224. DATE SIGNED
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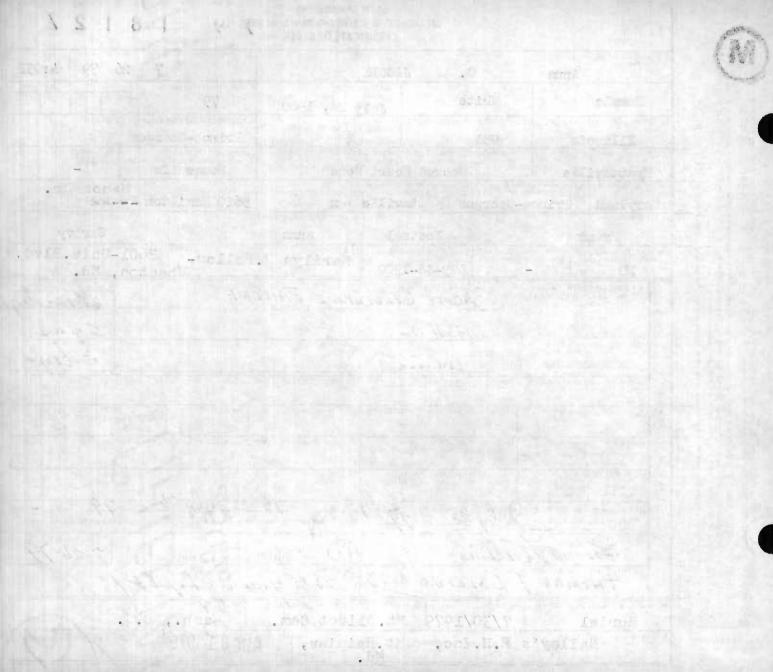
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS 76 DATE PRONOUNCED DEAD 7g. BIRTHPLACE (STATE OR COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED washington D.C. U.S.A. DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION AL KIND OF BUSINESS 12a USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Prince George General Hospital (DOA) Cheverly OULD BE Ret. Nurse Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER I 13d. INSIDE CITY LIMITS? VITAL 14. FATHER'S NAME AND 7 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Maggie Walter Reigle Mangum 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 3717 Pennsy Dr. DIVISION Charles R. Irwin 577 22 9259 Landover, Maryland APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH levotro cardis vinculos PART I DEATH WAS CAUSED BY HYGIENE IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which URIAL-TRANS gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 301 8 CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n) USED AS A E CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 🔲 NOXX E 3 SHOULD BE DEPARTMENT PRIOR TO BURIA 71a. EXTERNAL CAUSE WAS 71b. TIME OF INIURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT WO STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY TO MEDICAL EXAMINER:
EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FOR
TO FUNERAL DIRECTOR:
AFTER DEATH WITH THE
BAITIMORE, MARYLAND. 2 22a. I certify that I took charge of the remains described above, held on Inspection DIRECTOR: and in my opinion death resulted fram: Accident Natural coures Suicide Homicide Undetermined monner (SPECIF EXAMINER'S NA (TYPE OR PRINTING 665) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236, DATE 7/4/79 Metropolitan Crematory Alexandria Va. Cremation Alexandria 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-17 20M 1/73 14 FUNERAL DIRECTOR Gasch's Sons Euneral Home, P.A. (VR A15 ME (5)) Hvattsville, Maryland

STATE OF MARYLAND

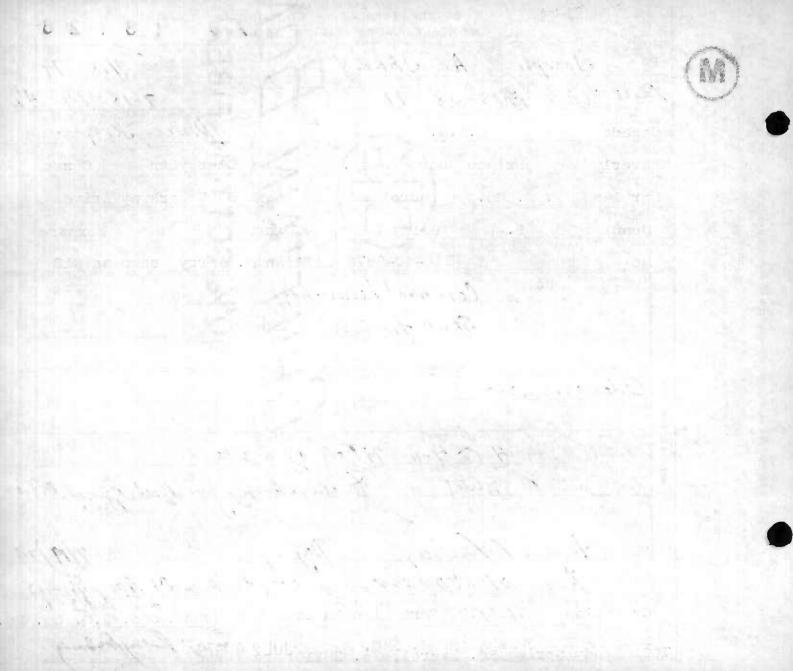
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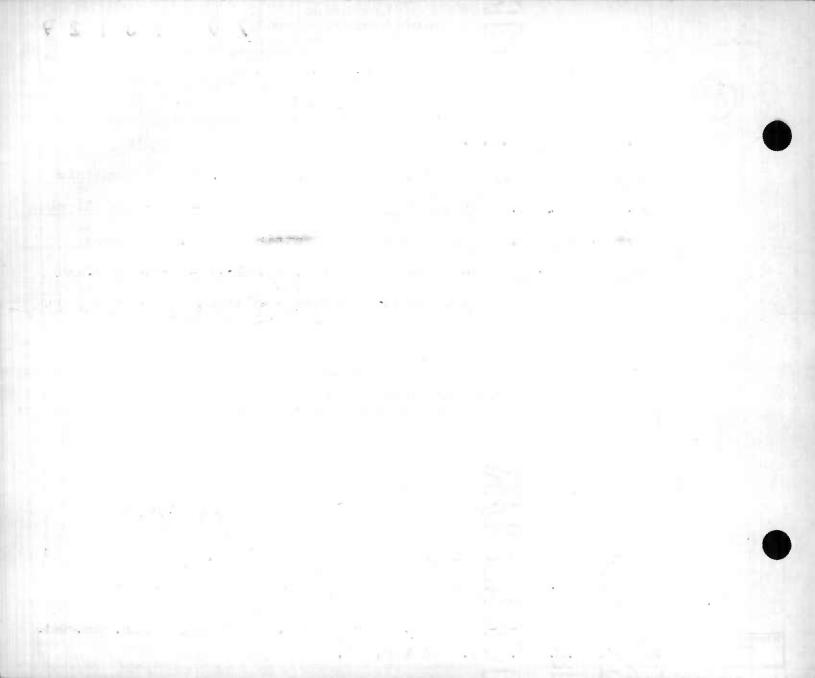
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٥	TTENDIN pital or TOR: Af- for use o of Health		22a.1 certify that (I) (this hasp sow the deceased alive or	outol) oftended the deceased in 7 7 9 of New the body after death.		nd that in (my) (our) opinion	to 7/7 death occurred on the date o		that (I) (we) lost couses stated
	by the hosp by the hosp ERAL DIRECT of detoched to Stote Dept.	11	226. SIGNATURE	118 Res		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED
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150	93 _{BP}	7	SPECIFY)	7-12-79	AT	LY MEH. CEM.	HIGHLAND T	PARK.	MO STATE
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	CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART	1 OR PART 2)	up is
orkedo	ME	WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY,	06	STREET	CITY OR TOW	VN	COUNTY	STATE
pt. of Heo em 21 is m		22a. I certify that (I) (this has sow the deceased alive a above. (I) (we) (did) (did) 22b. SIGNATURE	10.0.51	1979.8	nd that in (Mar) apinion	death occurred on the do	ote and hour o	7	
State Dept		224 PHYSICIAN'S NAME (TYPE	OR PRINTS		ATTENDING PHYSICIAN [MEDICAL STAF		7-2	2-79
with the Sto		THOMAS	F. COLLIN.		3600 gi	een Chy	sel Ref		
_ ((5	urial, cremation, remova Burial			emetery or crematory	23d. LOCATION CITY OF TOWN Wash.	, D.C.	PUNTY	STATE
OM 7/77 5 (4))	4 FL	NERAL DIRECTOR Nalley	's F.H. Incom	Mt.R	ainier, 250. DA	AUGU 1979	25b. REGISTRA	SIGNA	rody



STATE OF MARYLAND





	1			STATE OF MARYLAND	12	
	1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	1 7	8 1 3 0
	I. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 2a DATE OF DEATH MON	TH DAY YEAR 26 HOUR_
1		BLANCHE	L. JETT		-	7 9 79 135 4
(NA	3 SE		4 RACE	5. DATE OF BIRTH 1888	6. AGE (IN YEARS LAST BIRTHDA	
	F	EMALE	CAUCHSIAN	MONTH DAY YEAR	9-0-9	MONTHS DAYS HOURS MIN
2 1		IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	(? 8 MARRIED □ NEVER MARRIED □	9. BALTIMORE CITY OR C	OUNTY OF DEATH
850		OWH	U.S.A.	WIDOWED DIVORCED		EORGE MO
The d	1	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	
o 10		DELPIHI	OR OTHER INSTITUTION GIVE BESIDENCE BESI	4RE	Housewife	
oust b	130	STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	WN HY 134. INSIDE CITY LIMITS?	IJE. STREET ADDRESS	915 - 24th Ave.
	14. F.	HKYLAND HY	terniery fakona	IS, MOTHER'S MAIDEN N	AME STATE BANG	y 74 VENTIE
E// 1		William William	MIDDLE LAST	FIRST	WIDDLE	LAST
00	16a \	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166. SOCIAL SEC		99059	Del Norte Dr.
medico	(YES, NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES) 5 78-63	2-7979 Gladys L.		more, Calif.
ol.		18. CAUSE OF DEATH (Enter	only one couse per line for (o), (b), a	and (cl.) (Dtr.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
event		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (D) TECH	while cerebral h	uombon3	Scar
or r		4340	DUE TO, OR AS A CONSEQ	UENCE OF		
roum		Conditions, if ony, which	(b)			
ther t		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQ	UENCE OF		
0			(c)			
you's	Z	PART 2 OTHER SIGNIFICANT	I CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITI	ON GIVEN IN PART T(0)
, ony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		6. IF YES, WERE FINDINGS USED
	TE				YES NO	YES: NO
18 5	Ü	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
entol Hygrene	S AI	OR CONTRIBUTING CAUSE OF D	ZEATH.	19		
dar	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
orke	1	AT WORK NOT WHILE AT WORK			101	
.s.		220. I certify that (I) (this has sow the deceased alive a	spital) attended the deceased from	, ,	, to	7 , 19 , that (I) (we) lost and hour and from the causes stated
E 5	-	obove, (1) (we) (did) (did r	not) view the body ofter death.	DEGREE	deoth occurred on the dote o	22c. DATE SIGNED
#		III. SIGIVATORE	Ner -	ATTENDING	MEDICAL STAFF	-/0/20
Ž-	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	PHISICIAN	DIRECTOR PHYSICIAN	
MPORTANT:		OSOTH	LEKAGUL,	MIS THAT ON	leigton Rd.	Bette, Da, Wil
. ₹	23a.	BURIAL, CREMATION, REMOVA	AL 236. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTYSTATE
		Burial	7-12-79 C	ongressional Cer	m. Washing	ston, D.C.
7/73		UNERAL DIRECTOR		250_DA	TE REC'D. BY REGISTRAR 256.	REDISTRAR'S SIGNATURE

. Printer of the terminal description of the contract of the c

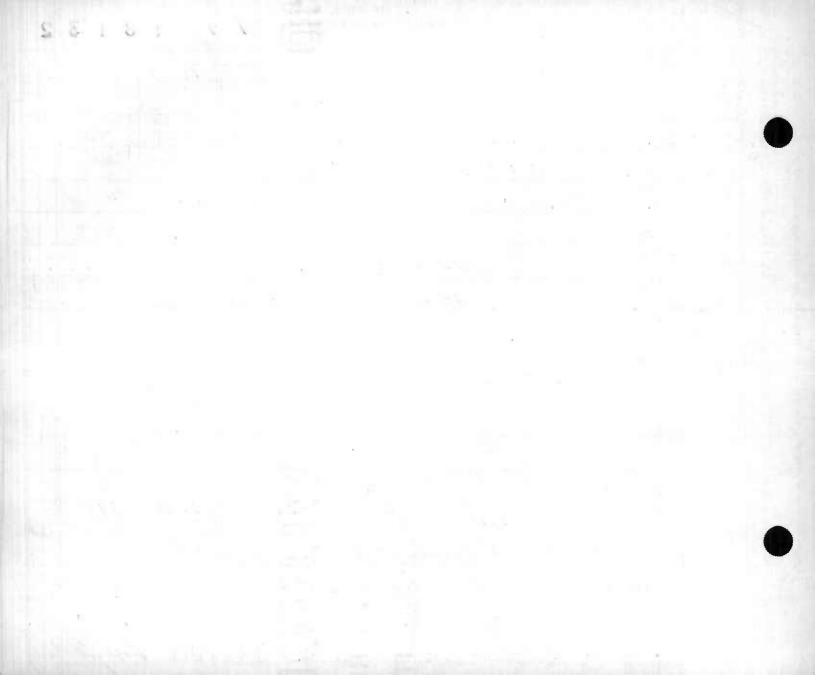
DEPARTMENT OF HEALTH AND MENTAL HYGISNE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME MIDOLE 20 DATE OF DEATH MONTH 7b. HOUR (TYPE OR PRINT) Catherine July 12, 1979 8:30 Johnson 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH Prince George 12a. USUAL OCCUPATION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 8911 91st Place Smith ADDRESS (Mrs.) Catherine Armstrong. Niece SAA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN COLLEGE GREENBERT RO STATE Come Arbington Virginia 24. FUNERAL DIRECT NAME 7400 Ga. Ave., N.W.

STATE OF MARYLAND

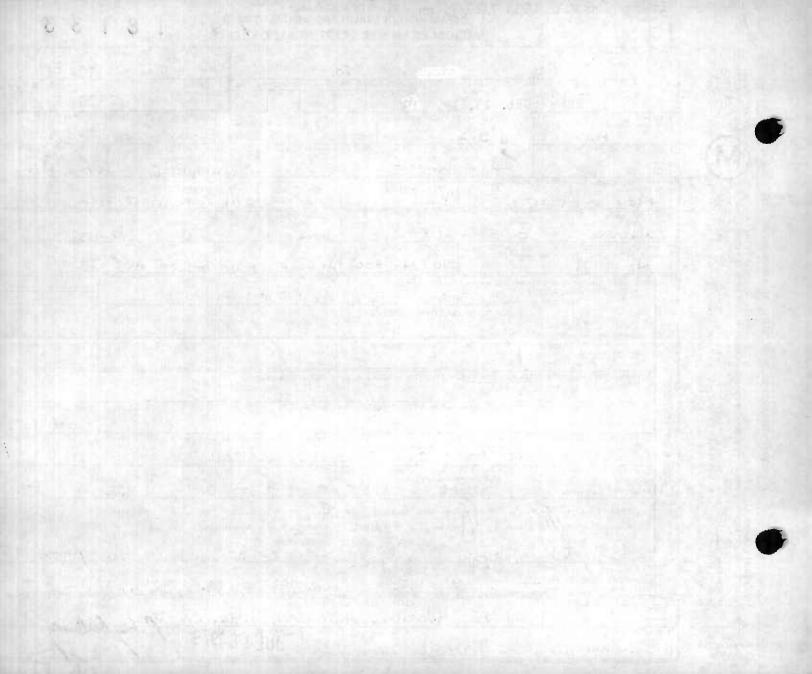
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STATE OF MARYLAND



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10	1-	STATE REGISTRAR		- 1	MEDIC	CAL EXAMINE		ERTIFICATE	OF DEAT	H oc	B	1	5	S
130	I. DE	EASED NAME	FIRST		MI	IDDLE		AST	20	DATE KNOW	N X MO	NIH [DAY YEAR	R 3 2b HOUR
HOURS STREET,	(TYP	OR PRINT)	Henr	V	~	C	Jo	nes	510 17	OF ESTI-			1019 7	9
	3. SEX		RACE	S. DATE OF BI	RTH	6. AGE (IN YEAR	RS IF UNI		DER 24 HRS. 2	RONOUNCED	40M	NTH I	DAY YEA	18 24 HOUR
		Male	Black	Oct. 1		959 19 YRS				DEAD			10 19 7	
5	7g BI	RTHPLACE (STA		76. CITIZEN O				D NEVER MA	RRIED M	BALTIMORE C	_			
1	10 CI	TY OR TOWN O	D .		HOSPIT.	AL. NURSING HOME.	OR OTHE		DRCED L	Prince	Georg	se s	Coun	TY MD.
3	_			(IF NOT IN SU	CH FACILIT	Y, GIVE STREET ADDRESS)	OK OTTIL		FOR MC	ST OF WORKING LIFE	E)		OR INDU	STRY
	USUA		IN NURSITED ME	OR OTHER INSTITUTIO	N, GIVE RE	Hospital ESIDENCE BEFORE ADMISSIO				ACHINIS	11		ANE	P(TO)
5	13a. S	MD.	Ba			BALT .		YES A NO	13e. STREE	PARK	Hats	. A	uF.	
no	14. F/	THER'S NAME		MIDDLE		LAST		15. MOTHER'S MA	AIDEN NAME	MIDDLE	100	,	LAST	
0		WALTER		B.		ATTEN		ANCEL	4	D.	16	ON	ES	
1	16a. V	S, NO. OR UNKNOW	EVER IN U.S. AR	MED FORCES? WAR OR DATES)		6b. SOCIAL SECURITY		17. INFORMANT	D	_	DRESS	#	2 =	
		NO	DEATH (5			216-74-78	22	ANGELA	PATTER	, 0141CE	147	-		ATE INTERVAL
		PART I DEA	TH WAS CAUSE	D BY:	Ch	(a), (b), and (c).)	d of	about &	oh domos				BETWEENON	NSET AND DEATH
		915-1	IMMEDIA	TE CAUSE (a)		A CONSEQUENCE O		enest &	abdomen	.1				
OR REMOVAL			, if any, which									71		
ALVEN		cause (a) s	ta immediate tating the <u>under</u>		, OR AS	A CONSEQUENCE O	F		V 100	11197	CIT			
		lying cause	e last.	(c)										
	7	PART 2 OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO O	EATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE	OR CONDITION GIVEN I	N PART 1 (g)					
AL, CREMATION, O	TIO	190. DATE OF C	PERATION	1195 CO	NDITION	N FOR WHICH OPERA	TIONW	AS PERFORMED?			1		20. AUTOPS	cva
BURIAL, CI	FICA	TW. DATE OF C	, LIANION	170. CO	14011101	TOR WHICH OF ERA	11011 117	ASTERIORMED:			1		YES X	
	CERTIFICATION	21a. EXTERNAL			E OF IN		21c. HC	W INJURY OCCU	RRED (ENTER NA	TURE OF INJURY IN I	TEM 18 PART 1	OR PART 2		NO 🗆
7		UNDERLYING	OR G CAUSE OF	DEATH 2:44		7 10 19 7	9 6	shot by a	assaila	nt				
	MEDICAL	234 INTUINA OF	CHIPDED	21e PLA	CE OF I	NJURY (AT HOME,	21f. LOC	TATION		CITY OR TOWN	7 40	COUNT		STATE
	X	WHILE AT WORK	NOT WHILE AT WORK		tree			Chestn	it Ave,		P	.G.		MD
)		A COLD TO SERVICE	1	ge of the remain	s describ	ied abave, held a	Autops	y X, Inspe	ction .	Inquiry .	and in n	пу арілі	ian	
MARTLAIND		death resulted	/ ///	ral causes	1/1		ide	Hamicide 2		mined manner	<u></u>			
A K			4/1	N-00 1	M	DIN		TITLE (SPECIFY						
ALTIMORE, MA		SIGNATURE_	16	on lay	K	14/1/20	M.	Deputy (Chiefiedk	CALEXAMINER	D. SI	ATE IGNED.	7/10/	79
1		EXAMINER'S N	AME The	omea D	Cm ² H	th, M.D.		777	Dann	C+ D	74-	3 47	,	
K	22-70	TYPE OR PRIN	ON REMOVAL		OIIT I	123c NAME OF CEM		- D THE COL	Penn i		alto.,	IVIL		
	230.6	PECIFY)		7-14-7	9	HARMON.		EM. CEM	CITY OF	NWOTS	Dans	COUNTY	- 4	STATE
	24. F	JNERAL DIRECT				HENCHON	M				CARK!	4/10	ALCON .	7
)	III	S LA LIS	UIN/TT .	, S	DRESS	C P		- acos J	UL 1 8	13/3	/	-		/



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	hysician and completely filled in by the funeral director, and soopers. Pages 1 and 2 should be filed within 72 haurs often age.	4
	funeral of	nt, the medical examines must be notified at ance.
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- 7	should b	neg must
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2000	an and	e medice
3	aper	nt, th

STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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7		Q	- 1	0	
RE	G. NO.				

		REGISTRAR				CERTII	ICATE OF DEATH	REG. NO).		
3		CEASED NAME	FIRST	,	WIDDLE	L	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR
8	TYPE	E OR PRINT)	Cecil		R.	Kei	nnedy		23	79	8:00a M
1	3. SE	X		4 RACE	- R H H H	5. DATE C		& AGE (IN YEARS LAST BIRT		F UNDER I YEAR	
		Male		WI	hite	Sept	ember 11,1919	59	YRS.	ONTHS DAYS	HOURS MIN
		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
Ó		Md.		U.S.	Α.	WIDOWE		Prince Geo	rge's		MD.
	10 CI	ITY OR TOWN OF	DEATH		HOSPITAL, NUR		OR OTHER INSTITUTION	120 USUAL OCCUPATION			OF BUSINESS OR
3		iverdale		Euger	ne Lelan	id Memo	rial	Roofer	WORKING CHE		ing Co.
6		AL RESIDENCE (IF	13b COUP	VTY	GIVE RESIDENCE BEF 13c. CITY OR TO Hyatts	NWC	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	tandan	64	
4	14 FA	ATHER'S NAME	1.0	•	nyacos	VALLE	15. MOTHER'S MAIDEN NAM	5318 Crit	Lenden	St.	
1	13,10	FIRST		MIDDLE	LAST		FIRST	WIDDLE			AST
4	14 14	Madison WAS DECEASED EV	15 P 11 11 6 A F	uso concern	Ker 166. SOCIAL SE	nnedy	Virgie 17 INFORMANT	ADDRE	ss P.O.	Box .	livan
7		YES, NO OR UNKNOWN		E WAR OR DATES)						iano I	
1		No			577-26-	-2979	Ethel B. Webl	b	Lanh	am, Mo	
1		IS CAUSE OF DE	EATH (Enter or	ly one couse per	line lor (b)	and ici.	0 0 . 0	10 . 0		BETWEEN	NONSET AND DEATH
		TAKI I. DEAT		TE CAUSE (o)	0/4	9mns	COPP CA Ob	the Isopha	Jus		4 mos-
		1500	9		U		U		/		
	2	00		DUE TO, O	R AS A CONSEC	DUENCE OF					
-1		Conditions, if		(b)						-	
		couse (0), st		DUE TO O	R AS A CONSEC	DUENCE OF					
	7-4	underlying co	ouse lost								
		PART 2 OTHER S	SIGNIFICANT	CONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONE	OITION GIVE	N IN PART 1	1(0)
	Z										
4	CERTIFICATION	190 DATE OF OPE	ERATION	19b. COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200. AUTOPSY?	20b. IF YES,	WERE FIND	INGS USED
Ы	IFIC	11 17 72						YES T NO X	IN CERTIFY YES		S OF DEATH?
Н	ERT	210. ACCIDENT WAS	UNDERLYING T	7 216. TIME O	F IN JURY		21c. HOW INJURY OCCURR		1		110 []
Я		OR CONTRIBUTING		110110 4	M. MONTH	DAY YEAR				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	MEDICAL	I IF EITHER, NOTIFY M		Ρ.	M.	19		13 c d - 2 13 c c			
-1	ED	21d. INJURY OCC	CURRED	21e PLACE	OF INJURY REET, FACTORY, OFFIC	CE SADAL SYC \	211 LOCATION STREET	CITY OR TOW	IN .	COUNTY	STATE
-1	2	AT WORK	T WORK	TAT HOME, STI	REET, PACTORY, OFFI	CE, FARM, ETC.)	20		3 1119	20	JINIC
		22a.1 certify tho		tal) stranded th	a decented from		1-17 10 1	to.	£3 ,	0	, that (1) (we) last
					2.2	717	nd that in (my) (our) opinion a	death accurred on the da	te and hour	and from th	
	-		e) (did) (did no	we the body	after death	,			TO OTTO MOOT		
-1		22b. SIGNATURE	1	7 0	1 2		DEGREE ATTENDING	MEDICAL STAF	c	1	ESIGNED
		la.	y you	allen	100		PHYSICIAN 2	DIRECTOR PHYSIC		7-2	23-79
		224. PHYSICIAN	S NAME TYPE C	OR PRII			22e ADDRESS		115		
		К. У	Teung,	M.D.			6525 Belcres	st Rd., Hyan	tsvil	le, Mo	1. 20782
		BURIAL, CREMATK	ON, REMOVAL	23b. DATE	23	3c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY	STATE
	1	SPECIFY) Bur	ial	7-25-	79	Ft. Lin	coln Cemetery	Brentwoo	do	P.G.	Md.

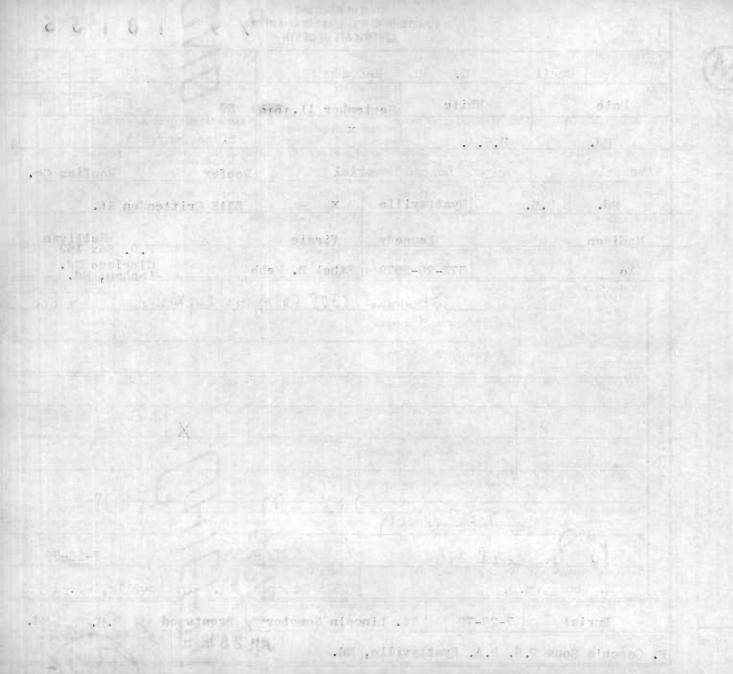
TO FUNERAL DIRECTOR: After this certificate has been sign should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to b. MPORTANT: If them 21 is marked at them 18 shaws any

retained by the haspital ar attending physician

DHMH - 16 50M 7/77 (VR A 15 (4))

74. FUNERAL DIRECTOR

NAME
F. Gasch's Sons F.H. P.A. Hyattsville, Md.



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which the magner of the property of the proper		Total A	CLEED VA		10810	4 Lings
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Plin Arter small Philippe Shirt Company (Shirt IN 1995) and and a shirt Company (Shirt IN 1995) and a	III. dans	of soder call		Pitens Su		

Johnson & Jenkins Inc. 716 Kennedy St.

- STATE

24. FUNERAL DIRECTOR

DHMH-17 (VR A15 ME (5))

15M 7/76

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

4:56

a. M

30 1979

1979 30

OR INDUSTRY

BETWEEN ONSET AND DEATH

20. AUTOPSY?

YES

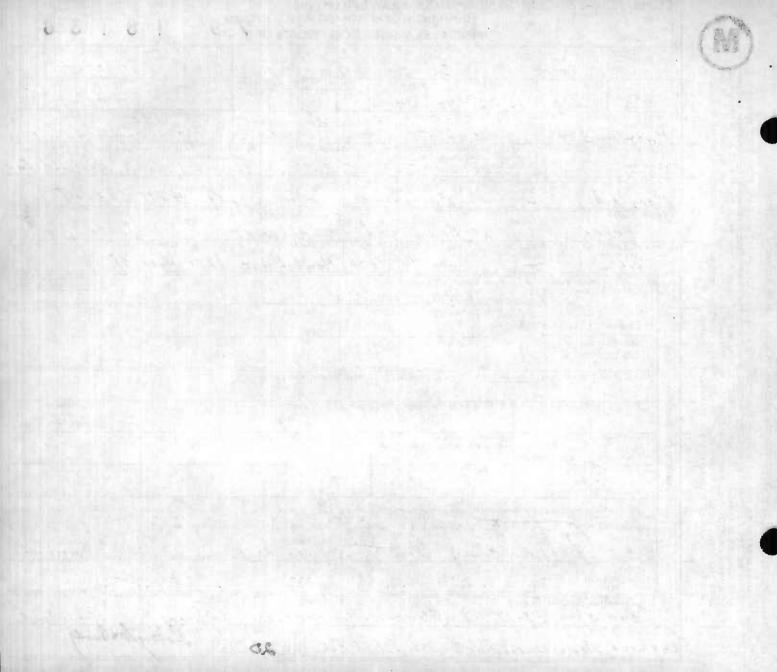
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7/30/79

250. DATE REC'D. BY REGISTRAR

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		It	ems #18	8a-22a Fi	lm G534 8	/10/79 rs	TATE OF A	ARYLAND					
12			FOR			DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE ,	4	2 1/4	g stop	0
70			STATE REGISTRAR		MEI	DICAL EXAM			OF DEATH	.4	J _{NO} O	1 3	Ö
	[EAS]	I. DE	EASED NAME	FIRST		WIDDLE		LAST	2a.	DATE KNOW	IN THE MONTH	DAY YI	EAR 26 HOUR
	W Comment	(TYP	OR PRINT)	Nancy	,	F		-		OF ESTI-		15 197	70
	EAS TOR JUES DUR REET	3 SEX		4. RACE	5. DATE OF BIRTH	6 AGE	IN YEARS IF UT	ane	R 24 HRS. 2c.	DATE	HTMOM	DAY Y	YEAR 2d HOUR
	DARECT DUR FILE 72 HOU NO STRE		emale	White	MONTH DAY	YEAR LAST B	RTHDAY) MONT			NOUNCED	PM		6:15P
		-	RTHPLACE (ST		12 - 2/		YRS.		_ 9 B		ITY OR COUN	15 197	
	NECESSARY FUNERAL DIS 5 FOR YOU WITHIN 72 W PRESTON	FO	REIGN COUNTRY)	- /	7/	SA		ED NEVER MAR	RIED		_		
	A5.0 53	30 61	MRY /A	40	U ·	PITAL, NURSING H	WIDOV		CED LISTIAL	Prin	ce Geor	rge's (County MD. OF BUSINESS
	AV IS THE PAGE AGE 3301 W			JF DEATH	(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDR	ESS)		FOR MOST	OF WORKING LIFE	F)	OR IND	DUSTRY
	-00 m		nton	/		n Maryla		cal Ctr.	19176	hirrope	1241014	THRYP	44d Cap
21201	RETAIN SHOULD B	13a. S		/ INVICOUNT	OR OTHER INSTITUTION, GR	13t. CITY OR TOV	M	13d INSIDE CITY LIMITS? YES NO	13e. STREET	ADDRESS H	111 5	TREE,	+
	ATH. IF PM 3 VD 2 SI VITAL	14. FA	THER'S NAME		MIDDLE	LACT		15. MOTHER'S MAIL	DEN NAME	MIDDLE		LAST	
E, MD.	PAGES 1, 2 ORM PM 3 1 AND 2 V OF VITAL		Pe7	ex	MIDDLE	BowRo	SKI	CHThe	KINP		Me	Kenz	ir
0	FORM OF ON OF	16a. V	AS DECEASED	EVER IN U.S. ARA	MED FORCES?	166. SOCIAL SEC		17. INFORMANT		ADI	DRESS		
BALTIMORE,	URS AFTER	(11	No	(IF TES, GIVE	WAR OR DATES)	212-46	-9840	PAUL L	1740 1	251 /4	411 51		
a a	WIT PA		18. CAUSE O	DEATH (Enter on	ly one cause per line	for (o), (b), ond (c))					APPROX	NIMATE INTERVAL
ST.	124 HOU ITEM 18 LONG V PERMIT.	1	PARTIDE	ATH WAS CAUSED	D BY: TE CAUSE (a)	cute myo	carditi	S				DETWEEN	ONSET AND DEATH
PRESTON ST			422	9 IMMEDIA	DUE TO, OR	AS A CONSEQUEN	ICE OF						VACE TEN
RES.	WITHIN VCIL IN VINER RANSIT VITAL HI	6		s, if ony, which	4.								
× .	MINAIN			e to immediate stating the under-	DUE TO, OR	AS A CONSEQUEN	ICE OF						
301 W.	EXAM EXAM RIAL-T OR RE		lying cou	se lost.									
5,3	XECU G" IN BURI BURI ON, O	-	PART 2 DINER SIG	SNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIVEN IN F	PARI 1 o				
DIVISION OF VITAL RECORDS,	WILD BE EXECUTED WITHIN "PENDING" IN PENCIL IN EF MEDICAL EXAMINER A SED AS A BURIAL HY HEALTH AND MENTAL HY CREMATION, OR REMOVAL	N											
REC	PEND BE WE	CERTIFICATION	19a. DATE OF	OPERATION	196. CONDIT	TION FOR WHICH	PERATION V	AS PERFORMED?				20. AUTC	OPSY?
IAI	SHOULD SHOULD CHIEF A CHIEF A CHIEF AL, CREAT	FIC			11 017-7/							YES	NO [
2	HIS CERTIFICATE SHOWN WRITING THE WORD WARDED TO THE CHIE GE 3 SHOULD BE USING DEPARTMENT OF THE DEPARTMENT OF T	ER	210 EXTERNA	L CAUSE WAS	216. TIME OF		21c. H	OW INJURY OCCURE	RED (ENTER NATU	RE OF INJURY IN I	TEM 18 PART 1 OR F		4
O	TAME TO S		UNDERLYING			. MONTH DAY							
SIO	ED TO	MEDICAL	21d. INJURY C	CCURRED		DE INJURY (AT HON		CATION				7.7	
<u>></u>	IS CE REITIN VRDEI SE 3 TE DE TE DE	ME	WHILE	NOT WHILE	STREET, FACT	ORY, FARM, ETC.)		STREET	CI	TY OR TOWN	С	YINUO	STATE
	R: THIS (FE, WRII) SRWARD STATE STATE		AT WORK	ATWORK		10		-					
			22a. I certif	y that I taak chorg	e of the remoins des	cribed above, held	an Autor	sy X. Inspecti	ion 🔲 ,	nquiry L.,	and in my o	pinion	
	A TO SEE		death resulte	ed Iron Natur	ol couses ,	Accident .	Suicide/_	, Homicide	Undeterm	ined monner	<u></u>		
	EXA DILD DIR WITH		ACTUAL	1//	2121	4) 9.	1	TITLE (SPECIFY)			DATE		
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	TO MEDICAL EXAMENE CERT PAGE 4 SHOULD PAGE 4 SHOULD PER		(TYPE OR PRI					ADDRESS 111 P			to., MI).	
L1/A	BATTA	23a.B		ION, REMOVAL 2	3b. DATE			R CREMATORY	23d. LOCA	OWNNWO		UNTY	STATE
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											A		



24 FUNERAL DIRECTOR Robert G. Beall Funeral Home

9013 Annapolis Rd. Lanham, Md. 20801 (UDA

FOR

- STATE

DHMH-16 20M

(VRA 15, 4) 7/7B

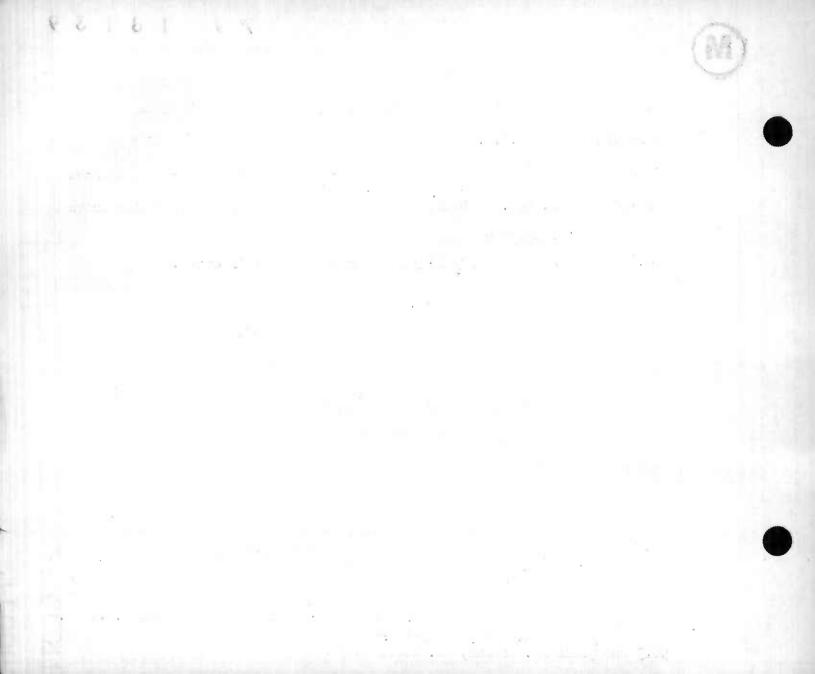
REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

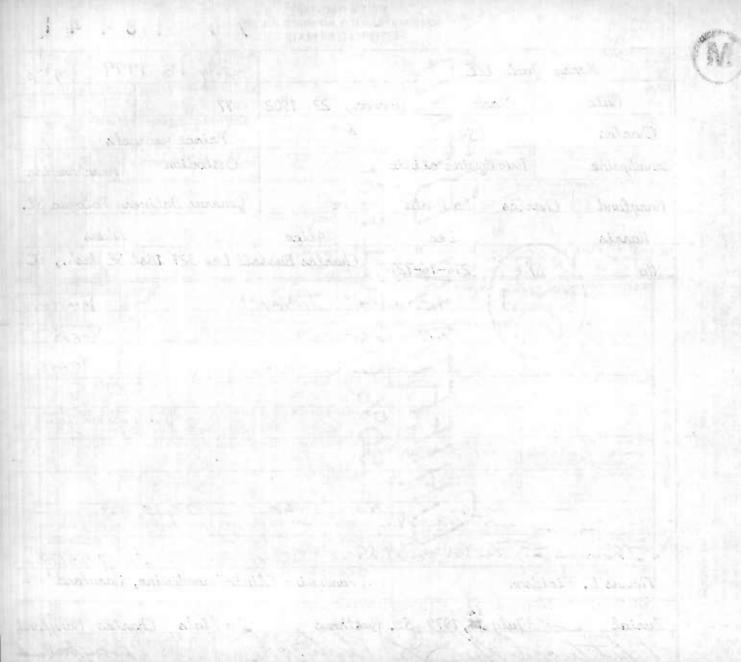
CERTIFICATE OF DEATH

REG. NO MONTH 7h HOUR 1979 11:30A IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS **HOURS** BALTIMORE CITY OR COUNTY OF DEATH 176 KIND OF BUSINESS OR INDUSTRY Home 1011 Kings Valley Drive LAST ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [COUNTY STATE 22c DATE SIGNED Brentwood, F.G., Md. STATE 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



			REGISTRAR EASED NAME FIR	ST	MIDDLE	-	AST OF DEATH	REG. N 20 DATE OF DEATH	O. MONTH DA	Y YEAR	26 HOUR
4 6		TTPE	OR PRINT)	ERNARD	Μ.	LEE		7 25 79 2:50			2:50
		3 SEX	MALE	4 RACE BI	4 RACE BLACK		DF BIRTH TOTAL STATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) III	DNTHS DAYS	IF UNDER 24 HR
M	1/10	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)			76 CITIZEN OF WHAT COUNTRY?		DEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH			,
ofter d y the fo	15	10 CI	iy or town of beath inton	11. NAME OF	11. NAME OF HOSPITAL, NURSING HE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS SOuthern Marylan		OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSIN (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			F BUSINESS C
24 hours	Ĭ	USUA	L RESIDENCE (IF NURSING H			ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 2032 S	J. 15:		reet
ed within	()	14 FA	THER'S NAME FIRST	MIDDLE			15. MOTHER'S MAIDEN NA FIRST Doroth	AME MIDDLE LAST			
e execute	medicol 3		AS DECEASED EVER IN U		166 SOCIAL SECU		17 INFORMANT Peggy Le	ADDR			
death certificate aftending physicic ove carbon popersition, or removal.	umatic event, the	TION	18 CAUSE OF DEATH Enter only one couse per line for 10, (b), and 10 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Cardiorea pirratory arrest O DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) Sutra Cerebral hae matoma 3 cly								
the the	ar other tro		gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF LATTICE CONSEQUENCE CONSEQUENCE OF LATTICE CONSEQUENCE						30 m.		
requires ten signed t. Then pl	y injury, o		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 Diabetis Tellitus 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 1200 AUTOPSY? 1200 IF YES, WERE FINDINGS USED								
The low cron. e hos be sit permi	San Jan	CERTIFICATION	19g DATE OF OPERATION			OPERATIO		YES NO NO	IN CERTIFY	NG CAUSES	
Ty Son L		-	2) a ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A	.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	ry in item 18, Par	T I OR PART 2)	
SICIA ng ph certifi riol-tr	ŏ	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	CAT HOME CO	OF INJURY FREET, FACTORY, OFFICE, F	ARM, ETC.}	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
HYSICIA nding pl his certif buriol:†	rkeo		22a.1 certify that (I) (this haspital) attended the deceased from								
TTENDING PHY pital or ottendin TOR: After this for use as the bu	21 is morked		sow the deceased of	ive on	25 19	29.0	nd that in (my) (our) apinion	death occurred on the d	ate and hour	and from the c	
OR ATTENDING PHYN he hospital or ottendin DIRECTOR: After this looched for use as the bu	If them 21 is		sow the deceased of obove, (1) (me) (did) (22b. SIGNATURE	don view the body	y ofter death.	•	DEGREE . ATTENDING	MEDICAL STA	FF CIAN []	7 - 2	5-74
OR ATTENDING PHYN he hospital or ottendin DIRECTOR: After this looched for use as the bu	them 21 is		sow the deceased of above, (1) (me) (did) (ive on don't view the body Cust F	y ofter death.		DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STA	FF CIAN	7 - 2	5-74

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DEPARTMENT OF HEALTH AND MENTAL HYGIENER



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NO.	8		4	2
MONTH	DAY	YEAR	2h	HOLL

- STATE REGISTRAR			CERTIFICATE OF DEATH					
DECEASED NAME (TYPE OR PRINT)	MAX	MIDDLE	LEVIN	20. DATE OF DEATH MON	25 79	2b		
3. SEX		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	F UNDER I YEAR	aF U		
MALE		WHITE	MONTH DAY YE	AR 93	YRS. DAYS	HO		
TO BIRTHPLACE (STAT		76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIE	BALTIMORE CITY OR CO	OUNTY OF DEATH			

K ~>>1H WIDOWEDTY

DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY TYPE OF WORK FOR MOST OF WORKING LIFE CLOTHING

REGENCY NURSING USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a STATE 13b COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? PKWY 4222 YES W

15. MOTHER'S MAIDEN NAME

FIRST

SIMON KAPLAN

13P COUNTY m MARLOW HTS 4. FATHER'S NAME

MIDDLE 60 WAS DECEASED EVER IN U.S. ARMED FORCES?

LEVIN 166 SOCIAL SECURITY NO

LAST

RACHEI 17 INFORMANT

23rd PARKWAY,

MIDDLE

LINKNOWN)

LAST

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY

OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

DAY YEAR

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6

200 AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NOX

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21f LOCATION CITY OR TOWN

that in (my) (our) opinion death accurred on the date and haur and from the causes stated

COUNTY

STATE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS

25-79

9401 INDIANHEAD HIGHWAY, OXON HILL, MD.

22c. DATE SIGNED

23a BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

226 SIGNATURE

FOR

SIMON

IYES, NO OR UNKNOWN) NO

underlying

Conditions, if ony, which gave rise to immediate couse (a), stating the

couse

21a ACCIDENT WAS UNDERLYING

HE EITHER NOTIFY MEDICAL EXAMINERS

OR CONTRIBUTING CAUSE OF DEATH

saw the deceased alive on

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

NOT WHILE

obave, (1) (we) (did) (did nat) view

LIAM KENT

22a. I certify that (I) (this haspital) attended the deceased fram

23b. DATE 7/27/1979

21b. TIME OF INJURY

21e. PLACE OF INJURY

HOUR A.M. MONTH

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

23c. NAME OF CEMETERY OR CREMATORY D. C. LODGE CEMETERY

DEGREE

23d. LOCATION COUNTY WASHINGTON

STATE

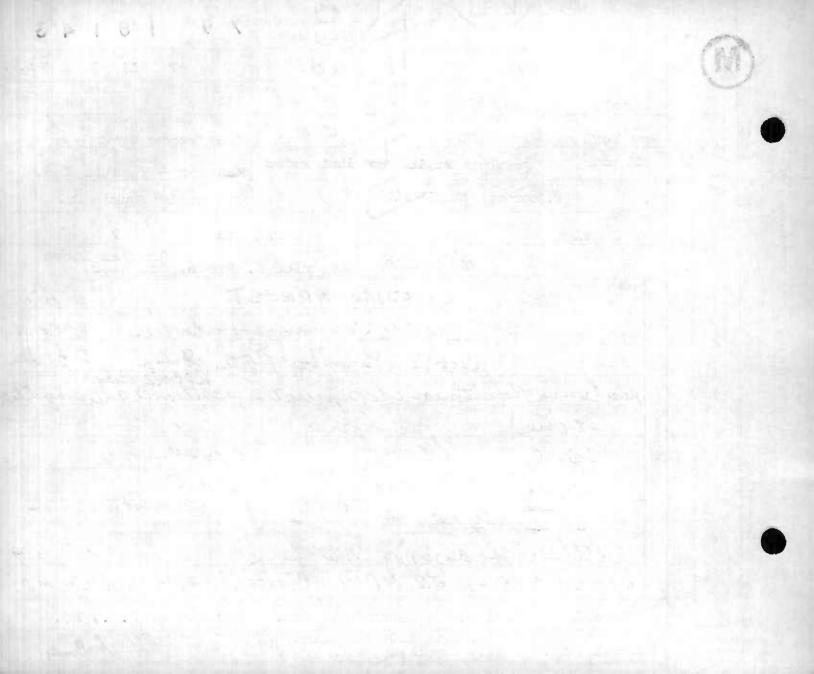
24 FUNERAL DENALD M. STEIN HEBREWOOMEMORIAL F. H. RAR 256 REGISTRAR'S SIGNATURE 232 CARROLL STREET. N.W. WASHINGTON

BP.

DHMH - 16 50M 7/77 (VRA 15 (4))

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINTS 79 5:30A.M. 07 16 1 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 29 ď6 700 72 Female. Caucasian In BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COHNIEVE IISA New York WIDOWED DIVORCED Trince Georges County CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) Clinton Southern Maryland Hospital Center INDUSTRY Manager - Theater Ind. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Md STATE Pr. Georges Tembre TYT11s 13d INSIDE CITY LIMITS? 3334 Huntley Square YES X 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Charles Hanna Harrietta Same as Above 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 226-10-1230 Beatrice L. Brown, Daughter, No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c ARREST PART L DEATH WAS CAUSED BY ARDIAC IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting ZAME ART I (o CERTIFICATION IN CERTIFYING CAUSES OF DEATH? YES 216. TIME OF INJUST (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MEDICAL P.M. 21e. PLACE QE INJUR 211 LOCATION (AT HOME STRE STATE and attending the deceased from sow the deceased alive on. death occurred on the date and hour and from the causes stated 22b. SIGNATUR DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be deto with the State 22e ADDRES 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIF Burial Suitland, P.G., Md. 7-19-79 Cedar Hill Cem. BP 24 FUNERAL DIRECTOR Robt E Wilhelm DIRECTOR Robt E Wilhelm DIRECTOR ROBE E WILH DIRECTOR ROBE E WILL D DHMH - 16 60M 1/75 Funeral Home Rd., Suitland, Md. (VRA 15 (4))



STATE OF MARYLAND

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DHMH-16 20M

(VRA 15, 4) 7/78

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE".

206. IF YES, WERE FINDINGS USED

STATE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 2a DATE OF DEATH 2b. HOUR TYPE OR PRINTE W. 07-05-79 2:35 JOHN MAGRUDER 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Oct 29, 1902 76 Male White TR. BIRTHPLACE ISTATE OR FOREIGN IN CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED S NEVER MARRIED USA PRINCE GEORGE'S Maryland WIDOWED [DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE U of of Md. PRINCE GEORGE'S GENERAL HOSPITAL CHEVERLY Professor USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Pr. Geo's 13 6905 Dartmouth Avenue Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Walter Clara M. Magruder Walker ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Myrne H. Magruder (wife) same as blk 13e 215-44-5040

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PARTI, DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 10) Caroline and	Minute
Conditions, if ony, which (b) Cerchal thronbox boules	Imele
gove rise to immediate cause (a), stating the underlying couse last DUE TO, OR AS A CONSEQUENCE OF Underlying couse last	years

20e AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

IN CERTIFYING CAUSES OF DEATH? NOE NO [21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

22a.1 certify that (1) (this hospital) attended the deceased from (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on

DEGREE 224 DATE SIGNED PHYSICIAN A DIRECTOR PHYSICIAN

22e ADDRESS

ED GRIEN 23e BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY

Burial Gaithersburg Mont. uly 9,1979 Forest Oak Cemetery BY PEGISTARY REGISTARIS, SIGNATURE CLASS

Francis Gasch's Sons, PA Myattsville, Md.

24 FUNERAL DIRECTOR

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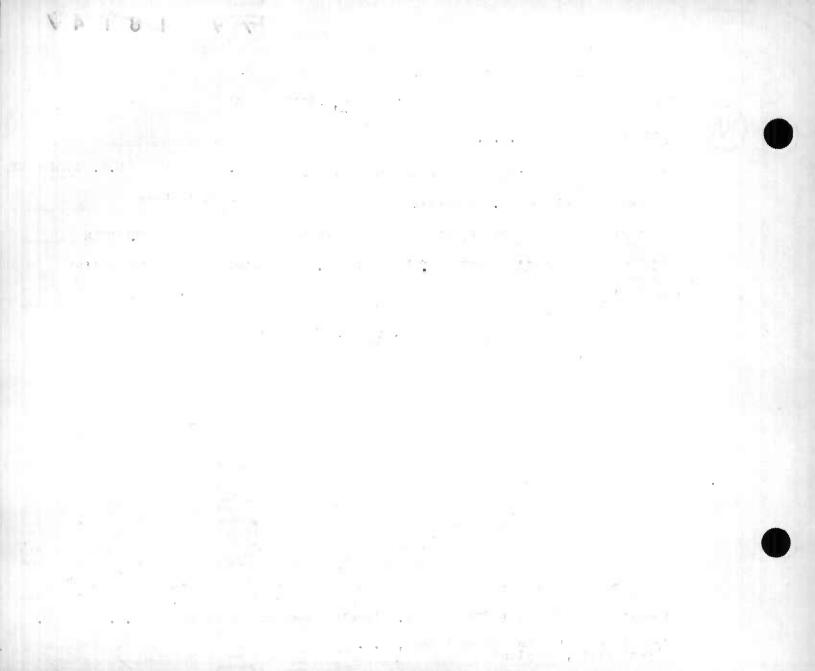
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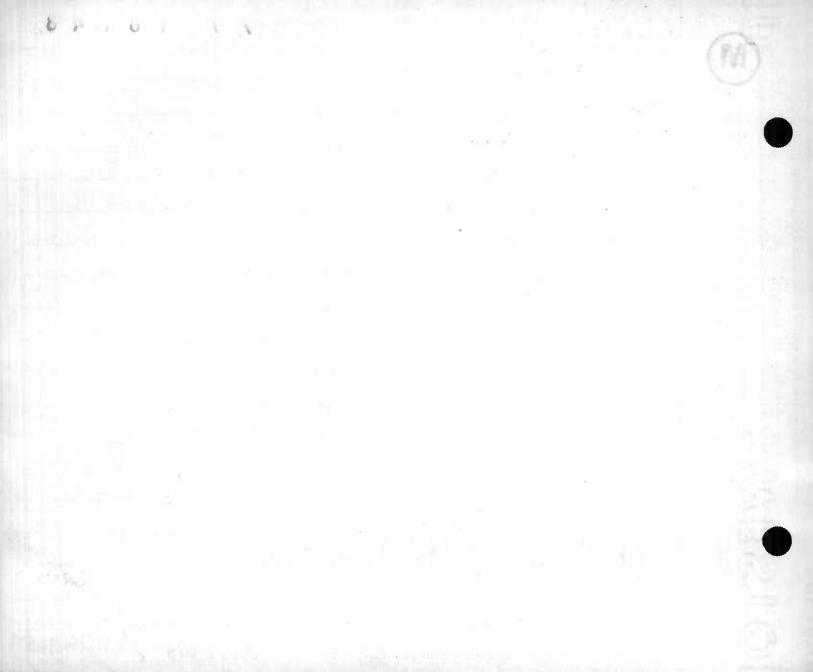


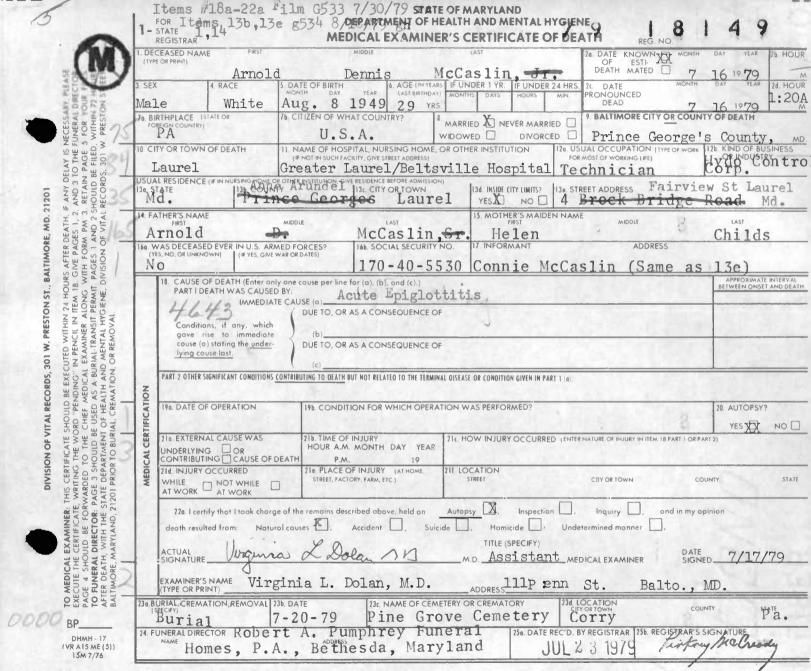
Chambers Funeral Home-Riverdale, Maryland

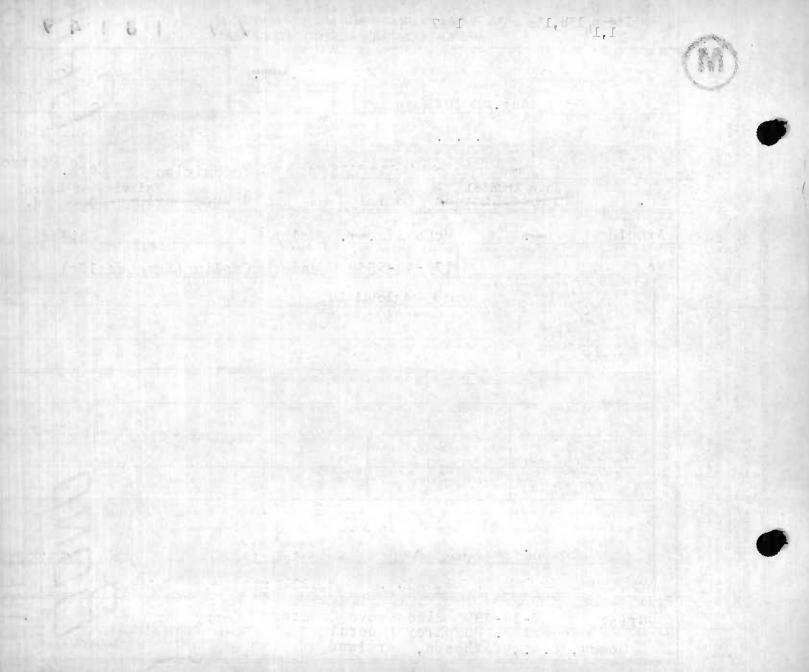
DIVISION OF VITAL RECORDS, 201 W.

(VRA 15, 4) 7/78

STATE OF MARYLAND







George P.

Kalas Funeral Home

6160 Oxon Hill Rd. Oxon Hill, Maryland

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH-16 20M

(VRA 15, 4) 7/7B

- STATE

STATE OF MARYLAND

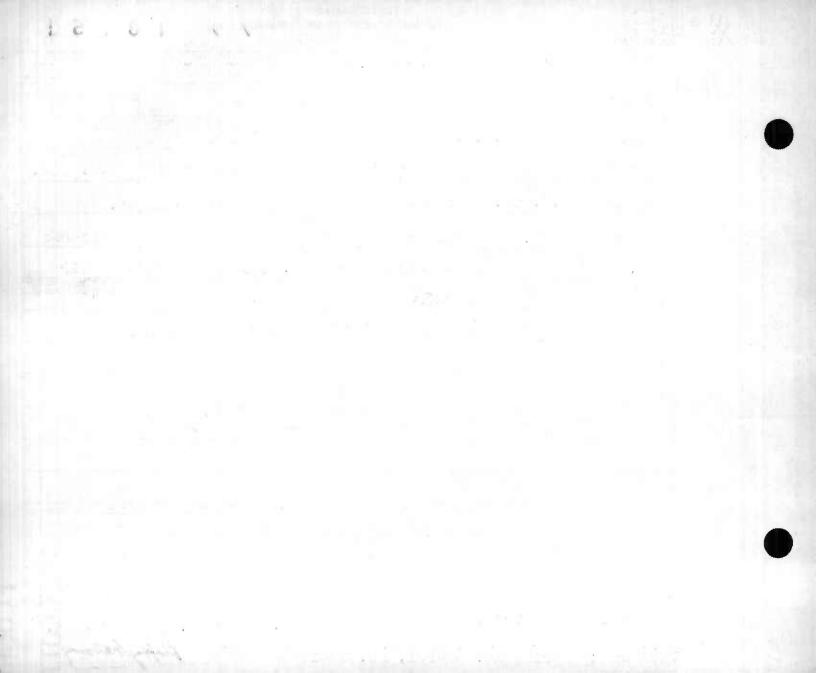
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO. 2b. HOUR July 16th. 1979 IF UNDER I YEAR IF UNDER 24 HR DAYS HOURS **BALTIMORE CITY OR COUNTY OF DEATH** Prince George 12h KIND OF BUSINESS OR ETYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Self Employed Produce LAST Hollis ADDRESS (Wife) As in Item 13a 2 mg 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY STATE 22c. DATE SIGNED COUNTY STATE P.G. Maryland 250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE

0 2 8 1 9 7 a jeros enviro The same and the s 9750

1/8	1.	FOR STATE REGISTRAR	DE	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	8 5
og pe		CEASED NAME FRST	MIDDLE	MC CON	WELL .	07 04 79	26. HOUR 4:15A
Page 4 may be director, page 3 hours after death	1	× Female	White	S. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 50 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
2 Jo 2 W	7a. B	RTHPLACE (STATE OR FOREIGN OUNTRY)	U.S.A.	MARRIED WIDOWE	NEVER MARRIED	PRINCE GEORGES	COUNTY
s offer by the iled wi	4	TY OR TOWN OF DEATH Cheverly	PRINCE GEORG	ES HOSP	R OTHER INSTITUTION	PBX Operator	IZE KIND OF BUSINESS OF INDUSTRY D.C. GOV.
24 hour		al residence (if hursing home of state 136_cou aryland P. (or other institution, give residence in the control of the control	or town urel	134: INSIDE CITY LIMITS? YES 🔯 NO 🗌	13e STREET ADDRESS 29 Avondale	St.
wit olete	14. F	ATHER'S NAME FIRST George		rner	Ann	MIDDLE	Mallonee
n and comp Pages I on		NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GT NO .	VE WAR OR DATES	24-4500	Frank R.	ADDRESS McConnell sar	me as #13
equires that the death certificate be signed by the attending physicia Then please remove carbon papers to buriol, cremotian, or removal njury, or other traumatic event, the	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTIN	NSEQUENCE OF		4 the Colon with w	
on. hos beer t permit ene prior	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? /ES \(\text{NO} \)
YSICIAN The		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	, PART 1 OR PART 2)
TENDING PHYS oital ar attendin TOR: After this of for use as the buy of Health and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		22a I certify that (I) (this has sow the deceased alive a abave, (I) (we) (did) (did n 27b. SIGNATURE	pital) ottended the deceosed in the body after death	1979,00	nd that in (my) (aur) opinian	death occurred on the date and ho	that (I) (we) lo bur and from the couses stated
PITAL Shift SERAL D		276 PHYSICIAN'S NAME (TYPE		~	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	7-4-79
TO HOSE	23a	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY Wridge Mem.	23d LOCATION CITY OR TOWN Baltima	county STATE
DHMH-16 20M {VRA 15, 4} 7/78	计	LEOK LAUREL 601 Sandy Sp	FUNERAL HOME	Ps TNC	25a. DA		STRAR'S SIGNATURE



STATE OF MARYLAND

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MPORTANT; If Hem 21 is marked or Item 18 shows any injury, or ather traumatic event, the medical exergine must the result ad the event.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletty illust as the build-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR

STATE OF MARYLAND

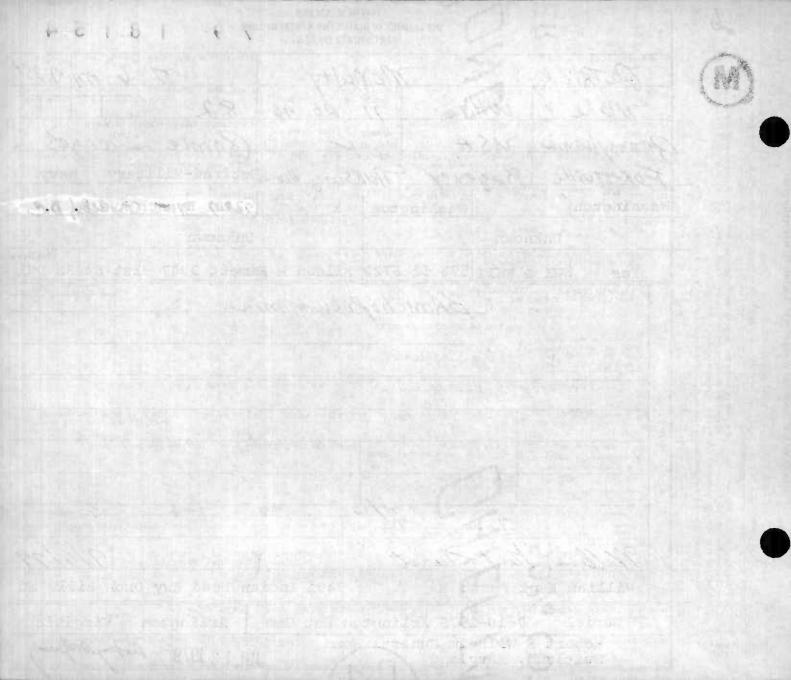
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO			
	1 DE	CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b H	HOUR
	NI/ATE	GaTRICK.	C.	MIC	nulty	all the	76	1979	1,25 %
	3.5E	- 22 /	RACE //r	5 DATE C	DE BIRTH YEAR	6. AGE (IN YEARS LAST BIRE	ADAY) IF UN		NDER 24 HRS
		Male	WHITA	2 1/	20 96	82	YRS		Mine
1	Jn. 81	RTHPLACE ISTATE OF FOREIGN 78	CITIZEN OF WHAT	COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	Y
2	2	ennsylvania	USA	WIDOWE	DIVORCED [(Xnince	2/4	0190	MD.
1)	J. CI	TY OR TOWN OF DEATH		TAL, NURSING HOME C	OR OTHER INSTITUTION	TYPE OF WORK FOR MOST O	E WORKING LIFE) IN	NOUSTRY	
0	F	okestville 1	1309en	ey 7/11	Rsing Home	Retired-M:	ilitary	Nav	<i>у</i>
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7		couse (a), stating the	DUE TO, OR AS A	CONSEQUENCE OF					
			(c)						
	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN	V PART 1(0)	
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9	FIC.	THE DATE OF OTERATION	THE CONDITION	TOR WHICH OF ERATIO	A WASTERI ORMED		IN CERTIFYING	CAUSES OF D	EATH?
-	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJU	JRY	121c. HOW INJURY OCCURE	YES NO	YES [0 🗍
1		OR CONTRIBUTING CAUSE OF DEATH	,	MONTH DAY YEAR	L 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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		sow the deceased alive an above, (1) (we) (did) (did not)	7-6	19 79,01	nd that in (my) (our) apinion (death accurred on the de	ote and hour and		
		22b. SIGNATURE	1		DEGREE			22c. DATE SIGN	ED,
n		William 1	tent (Turit	ATTENDING PHYSICIAN	MEDICAL STAF	IAN 🗆	7/6/	79
T		22d. PHYSICIAN'S NAME (TYPE OR P			22e ADDRESS				7
1		William Kent	t Furst		9401 Indi	an Head H	wy Oxor	J HITT	Md
	23a. E		23b. DATE		EMETERY OR CREMATORY	23d. LOCATION	cou		STATE
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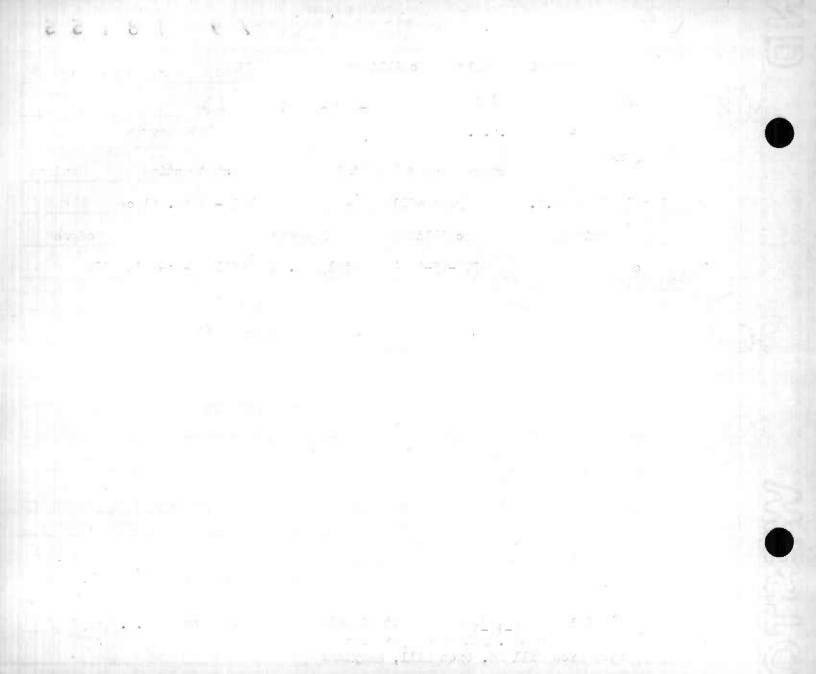
DHMH - 16 50M 7/77 (VR A 15 (4))

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M. FUNERAL DIRER OBERT E Wilhelm DE LINE HOME Suitland, Maryland



	1-	FOR STATE REGISTRAR		DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		REG. NO.	8 1	5 5
ige 3 death		CEASED NAME FIRST OR PRINT) A1		eale Mo	eWilli	ams	JULY	ATH MONTH	1979	1:21 A/N
M	3 SE	Male	4 RACE Whi	te	5. DATE O		6 AGE (IN YEARS	LAST BIRTHDAY		EAR IF UNDER 24 HRS
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notified //		ty OR TOWN OF DEATH Cheverly	(IF NOT IN SUC	HOSPITAL, NURSIN CHFACILITY, GIVE STREET, NCC GCOTE	ADDRESS]	rother institution pital		CUPATION R MOST OF WORKING Tructio	LIFE INDUST	Retired
r must be	13a S		ME OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE 136 CITY OR TOW Hyattsv	N 1	134 INSIDE CITY LIMITS? YES NO []	13. STREET ADD	68th. P	lace	
examine // //	14. FA	THER'S NAME Francis	WIDDIE	McWilli	ams	15. MOTHER'S MAIDEN NA FRST Imogene	AA	NODLE	g I	Hodges
the medical		VAS DECEASED EVER IN U.S ES, NO OR UNKNOWN] (# YE NO	S. ARMED FORCES? S, GIVE WAR OR DATES!	378-09-7		Shirley A. C	ampbell,	Ag in	Item 1	3a
Then please remove carbo ra burial, crematian, ar ri injury, ar ather traumatic.	NOI	Conditions, if ony, whice gave rise to immediate cause (101), stating the underlying cause los	DUE TO, O	R AS ACONSEGUE	OCATH BUT	ung Pubn	AINAL DISEASE O	R CONDITION (GIVEN IN PAR	Ť l(o:
Aygiene prior 8 shaws any ii	CERTIFICATION	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYIN			OPERATIO	WAS PERFORMED		O IN CER	YES -	NDINGS USED ISES OF DEATH?
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should be deta with the State [IMPORTANT: If		224 PHYSICIAN'S NAME (1	TYPE OR PRINT!	A · M ·))	270 ADDRESS 4410. 7	DIRECTOR D	STAFF PHYSICIAN	Hyati	14/29
3 \$	(URIAL, CREMATION, REMO PECIFY) Burial	7-17	_1070	Fort	METERY OR CREMATORY Lincoln	23d LOCATIO CITY OR TO Brent	wood &		state aryland
1-16 20M 5, 4) 7/7B	24 F		eorge P. n Hill Rd				RECID. BY REG	STRAR 256. REG	STRANS SIGN	NATURE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR TTYPE OR PRINTI 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR HOURS To BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY COUNTRY MARRIED NEVER MARRIED Prince George Switzerland WIDOWEDXX DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Clinton Southern Maryland Hosnital Recapper MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14006 Old Brandywine Rd. NO Brandvwine 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST John Meier Unk. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS BALTIMORE, 17. INFORMANT (YES NO OR UNKNOWN) I LIE YES, GIVE WAR OR DATEST No 579-01-0251 Aleene Clark same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY PRESTON ST. IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stating DUE TO OR AS A CONSEQUENCE OF 3 underlying couse 301 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 DIVISION OF VITAL RECORDS, CERTIFICATION prior 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Hygien NOX YES [NO F sho 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 s HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ond Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 0 21d INJURY OCCURRED 211. LOCATION 21s. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE morked AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from 79 saw the deceased olive on _____ ~ & obave ((I) (we) (did) (grd not) wew the body after death and that if (mx) (our) opinion death occurred an the date and hour and from the causes stated be detoched fe e State Dept. o 22b. SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT. 27d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b shoul with Richard Dobson M.D Brandvwine.Marvland 0 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE (SPECIFY) Suitland Md. Buria! Nat. Cem. wash. 24 EUNERAL DIRECTOR DHMH-16 60M 1/73 (VR A 15 (41)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 O HOSPITAL CALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter dearn Page 4. TO FUNDERAL DIRECTOR After this certificate has been signed by the ottending physician and completely filled in by the funeral direction with the State Dept of Health and Mental Hygiene prior to buriol, cremation, ar removal. WINDORTANT. If hem 21 is marked or flem 18 shows any injury, or ather traumatic event, the medical examined myst beneatied at once.		Wash., D.C.	NIY
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KCIA PO	7 3	OR CONTRIBUTING CAUSE OF DE	AID
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA O HOSPITAL CATTENDING PHYSICIAN: The law requires that the death certificate to selected by the hospital or otherding physician. TO FUNERAL DIRECTION After this certificate has been signed by the otherding physician defeatched for use as the buriof-tronsit permit. Then please remove carbon popular the State Dept of Health and Mental Hygiene prior to buriol, cremation, or remova myMPORTANT. If them 21 is marked or them 18 shows ony injury, or other traumatic event,	2	WHILE NOT WHILE AT WORK	(A) h
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he hosp DIREC oched I Dept	- 1	226 SIGNATURE	111
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○ #	230	RUPIAL CREMATION PEMOVA	1225 D

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DHMH-16 20M (VRA 15, 4) 7/78

FOR - STATE REGISTRAR I DECEASED NAME (TYPE OR PRINT)

24 FUNERAL DIRECTOR

TRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENEY 9 8	157
NAME FIRST	MIDDLE	LAST	2e. DATE OF DEATH MONTH DA	Y YEAR 26. HOUR
GEORG	E L.	MERCER	07-08	3-79 2:15 AM
le	White	July 11,1918		FUNDER 1 YEAR IF UNDER 24 HRS
CE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	1	BALTIMORE CITY OR COUNTY	OF DEATH
ntucky	U.S.A.	MARRIED NEVER MARRIED	DOTAGE CEOD	GE'S MD.
OWN OF DEATH	11. NAME OF HOSPITAL, NURSIN IN NOT IN SUCH FACILITY, GIVE STREET PRINCE GEORGE S	NG HOME OR OTHER INSTITUTION ADDRESS) GENERAL HOSPITA	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12h KIND OF BUSINESS OR
DENCE (IF NURSING HOME O				N.W Apt.AG63
	eorge Merce		(Unknown)	(Unknown)
	RMED FORCES? 166 SOCIAL SECULAR OR DATES) 401-28-4		ADDRESS 508	2nd. Street h Beach, Md.
RT I. DEATH WAS CAUS	nly ane cause per line for (a), (b), or ED BY: TE CAUSE (a) A SC DUE TO, OR AS A CONSEOU Ib) DUE TO, OR AS A CONSEOU	NO CHF &	Cardiac augthor	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
POTHER SIGNIFICANT ACCUSTS TE OF OPERATION	Etiology?	DEATH BUT NOT RELATED TO THE PUBLISHED SE		WERE FINDINGS USED ING CAUSES OF DEATH?
CIDENT WAS UNDERLYING [HTRIBUTING] CAUSE OF DE ER, NOTIFY MEDICAL EXAMINER			CURRED (ENTER NATURE OF INJURY IN ITEM 18, PAI	RT I OR PART 2)
JURY OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
w the deceased alive or love, (I) (we) (did) (did no	attended the deceosed from 19 19 19 19 19 19 19 19 19 19 19 19 19		79, to 7, 8, 1	
F. A.	Melan	DEGREE ATTENDIN PHYSICIA	NG MEDICAL STAFF	7. 9. 79

IYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 6005 Landover Rd, Cheverly, Md Molavi M.D assan.

CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION 23b. DATE Burial Cedar Hill Cemetery Suitland-Prince Geo. Co.-Md.

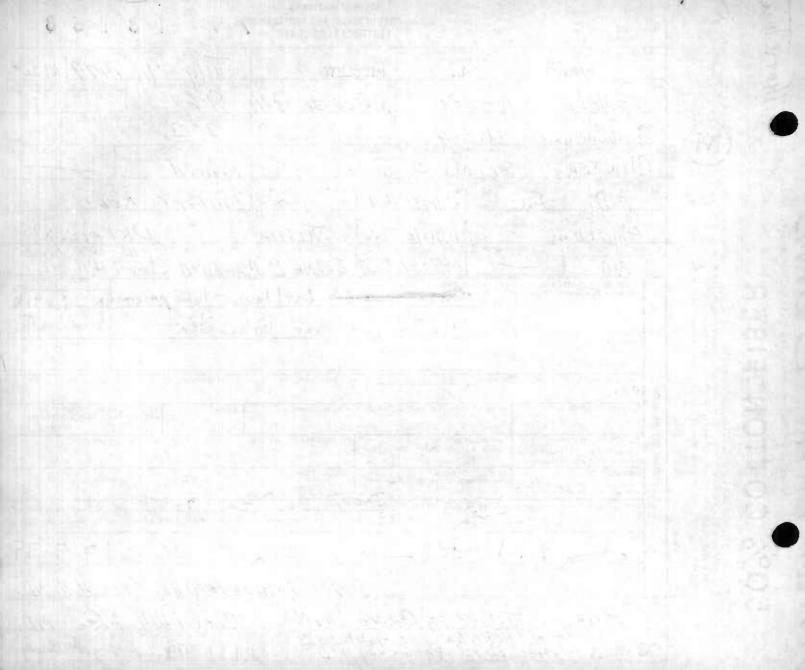
Chambers Funeral Home-Riverdale, Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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13 %		FOR	DEDA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	CHEME	0 1 5 0
2	1	STATE REGISTRAR	DEFA	CERTIFICATE OF DEATH	REG. NO.	8 1 5 9
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noy be	2.00	MARION MARION	L.	MIDDLETON 15. DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDAY)	1979 10: 20 AM
dor, p	3. SE	FEMALE	NEGRA	MONTH DAY YEAR MARCH 31, 188		MONTHS DAYS HOURS MIN
Page	7a. 8	IRTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNT		RAITIMOPECITY OF COLL	
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DI ATTENDING Sportel or o CCTOR: After A for use os the of Health		sow the deceased plive o	oital) attended the deceased from	- A	n death accurred on the date and	hour and from the causes stated
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		Cool	Marc	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7.9-19
F ii T SE O	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	120 ADDRESS 19401 IND	INNHEAD HN. C	DXON Hill, MD.
O Dan Diagram		BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	July 13, 1979	CONTRACE UNO MEHL.	Chapel Hill	1 P.G. MD.
DHMH-16 60M 1/73 (VR A 15 (4))		THORNTON FUNDS		R. Routel-BOILS 250. D.	ATE REC'D. BY REGISTRAR 256. REGISTR	GISTRAR'S SIGNATURE

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- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINT) Domenica Mileto 7/26/1979 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 28 1886 F. W. To. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Prince George's WIDOWED DIVORCED T O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION illa Rosa Nurs: (TYPE OF WORK FOR MOST OF WORKING LIFE) Nursing Home Housework 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 SUAL RESIDENCE HE NURSING NOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Route 1, Box 232-1-A 30 STATE 13d INSIDE CITY LIMITS? Hollywood 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Domenica Vincenzo Monteroso 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Balcon 3800 Lottsford Dal YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 217-32-151 tchellville. MD 20716 18 CAUSE OF DEATH (Enter only one couse per he for a b, and icil. PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 DIVISION OF VITAL RECORDS, CERTIFICATION prior 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO sho entol Hygi 218 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY puo CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from, sow the deceased alive on. __, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF FUNERAL Divide be detailed the State D PHYSICIAN (DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIATY'S NAME (TYPE OF PRINT) 22e ADDRESS 530 B 73s BURIAL CREMATION REMOVAL 23b DA CEMETERY OR CREMATORY SERAR 150 BECAMBER STORE STORE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DAYS

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22c. DATE SIGNED

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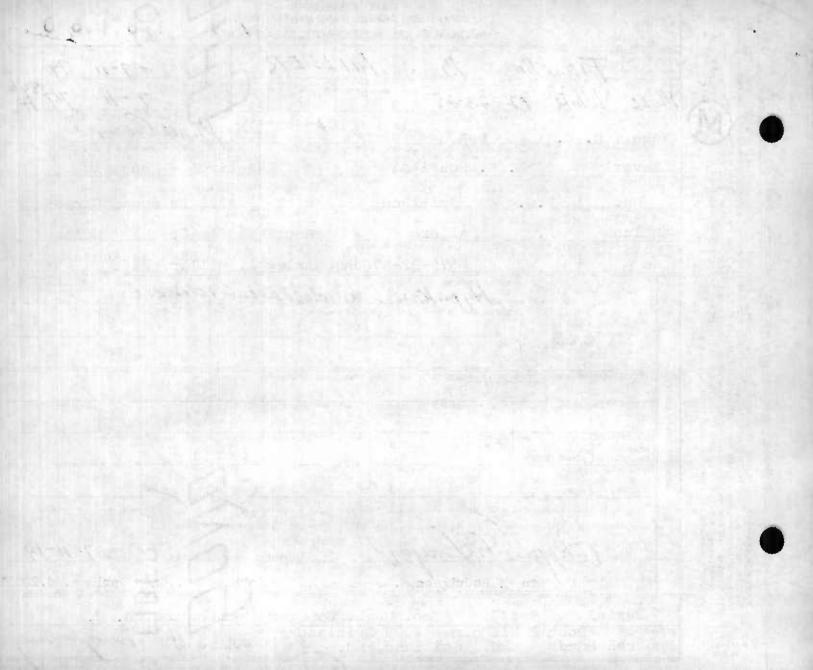
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

FOR

DHMH - 16 60M 1/75 (VRA 15 (4))

STATE OF MARYLAND

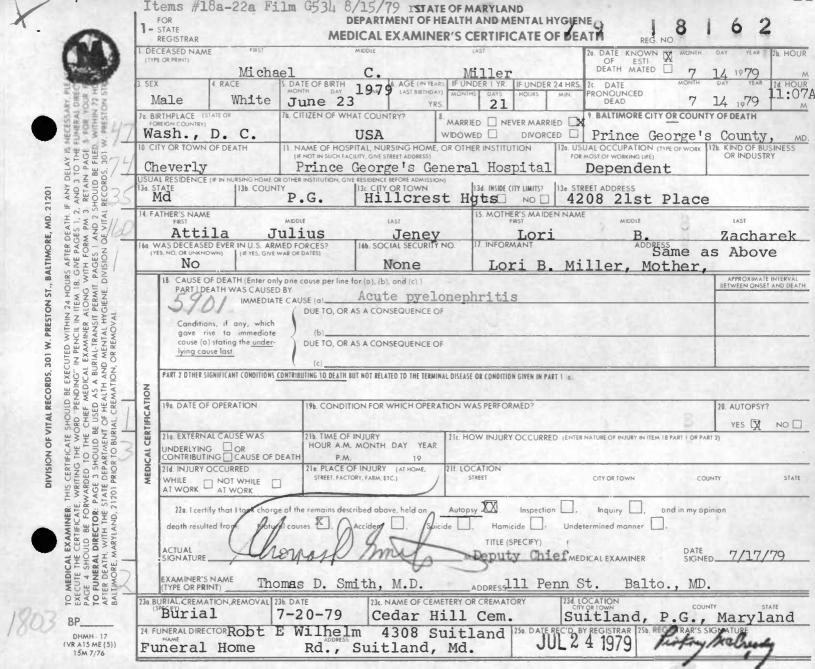


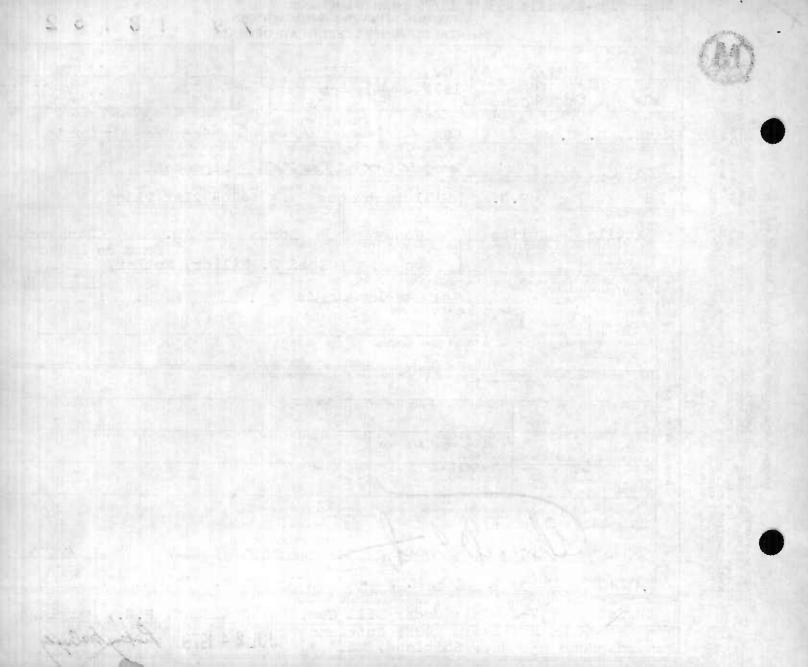
DHMH - 16 60M 1/75

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME MIDDLE LAST 2n DATE OF DEATH 75 HOUR TYPE OR PRINTS :18A.M. 07 19 79 CG. JAMES MILLER 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HRS 3. SEX YEAR 2 DAYS HOURS MPNJH 18 46 Male Caucasian 9 BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Prince Georges West Virginia WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 170 USUAL OCCUPATION 126 KIND OF BUSINESS OR Southern Maryland Hospital Center (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
Plumber - Construction Clinton USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION)
130 STATE
136 COUNTY
130 CITY OR TOWN 134 INSIDE CITY LIMITS? 1021 Old Fort Rd. Md. Pr. Georges Briendly YES TX NOT 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Pipp Miller Clarence 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) Mary Lee Miller, Wife, Same as Above 90-30-0435 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY. refractory days IMMEDIATE CAUSE TO cardiamy a bathy Ethanolie Months Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost DIDMONARA nhstauch ve PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION DOM COORTITIS 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES I NOT 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE Jaly Jaly 19 19. sow the deceased alive on_ ____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (i) (we) (did) (did not) view the body ofter death DEGREE 22c. DATE SIGNED 226 SIGNATURE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN h. D 22e. ADDRESS Branch ave M.D clinton maryland 20135 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 7-23-79 Brentwood, P.G., Md. Ft. Lincoln Cem. Burial 4308 Suitland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAS SIGNATURE Wilhelm Funeral Home Rd., Suitland, Md.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hanning attending physician.	signed by the ottending physis hen please remave corbonpop to buriol, cremotion, ar removo ilury, or other troumotic event, i		NO	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) 535 IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT C	D BY: E CAUSE (o) DUE TO, C (b) DUE TO, C (c)	hemory dras a consequ dras a consequ	JENCE OF		due o		DITION GIVE	4	ONSET INTERVAL ONSET INTO DEATH CCC CLC
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., SCERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI RITHING THE WORD "PENDING" IN PENCIL IN TEM 18 ROED TO THE CHIEF MEDICAL EXAMINER ALONG E 3 SHOULD BE USED AS A BURIAL-RRANSIT PERMIT E PROULD BUT HEALTH AND MENTAL HYGIENE, PRIOR TO BURIAL, CREMATION, OR REMOVAL.	N	Conditions, if any, which gove rise to immediate couse (o) stoting the <u>underlying couse lost.</u> PART 2 OTHER SIGNIFICANT CONDITIONS	(c)	AS A CONSEQUENCE OF	ASE OR CONDITION GIVEN IN PA	RT 1 (a),	
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TO MEDICAL EXAMINER: THIS CE EXECUTE THE CETIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED FOR EAST BY INTERPRETABLE OF THE STATE DE BALTIMORE, MARYLAND, 21201 PRINCE		22a. I certify that I took charged death resulted from: Noture ACTUAL SIGNATURE	e of the remains do	Accident , Suicide	psy , Inspection, Homicide ,	Undetermined monner ,	d in my opinion DATE 2/53/24
MEDICA ECUTE TH SE 4 SH FUNERA)	EXAMINER'S NAME SUCCE	esto P.	Rodrigue	ZADDRESS 209	Raybusne	1, Oaky Sprays
DE STATE OF THE		URIAL, CREMATION, REMOVAL 1		GATE OF HE	OR CREMATORY AVEN	23d. LOCATION JOSEPH CONTROL OF TOWN	MONT MD.
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FRANCIS J. COLLINS | 500 UNIV. BLVP., M. SILVER SPRING, MD. 20701 | LUL 2 13, 12

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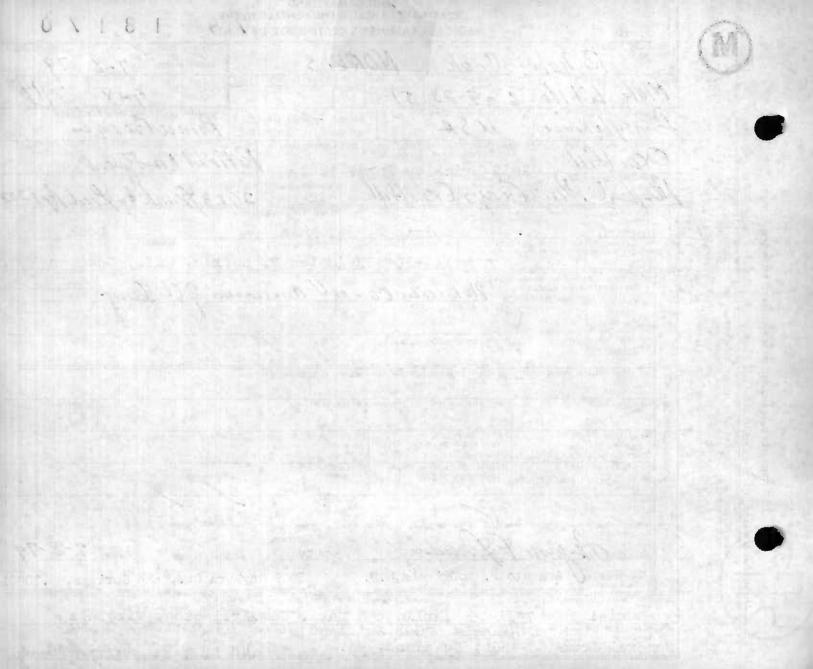
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BALTIMORE, RRS AFTER DE GIVE PAGES WITH FORM PAGES 1 AN	0 Z 160	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	Besste St. Soctini
BALTIMOI DURS AFTER 8. GIVE PA WITH FOR	OISI/	NU - 577-80-2297 Bernice News	man/mother-plant
. 50 . 5	E, DI	18. CAUSE OF DEATH (Enter only one cause per line o) (a), (b), and (c), PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST., VITHIN 24 HOL CIL IN ITEM 18 NER ALONG ANSIT PERMIT	Z E	PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	
REST THIN THIN TER A	OVAL	Canditions, if any, which	
OT W. PRE	REM	gave rise to immediate (b). Cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF	
301 IN P IN P	0 × 0	lying cause last. (c)	
CENTERCATE SHOULD BE EXECUTE THE WORD "SPENDING" IN PORT TO THE CHIEF MEDICAL EX- E I SHOULD BE USED AS A BURRAI	HEAITH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	PER DE LES COMPANIES
FALRECO	BURIAL, CREMATE BURIAL, CREMATE CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D AUTOPSY?
VITAL R	AL, OF		YES NO
NOFV NOFV HE WO			IN ITEM 18 PART 1 OR PART 2)
SION OF RTFICATI IG THE V	PRICE TO PRICE TO	CONTRIBUTING CAUSE OF DEATH P.M. 7-18 1979 While Swimming T	o retrieve ours
DIVIS THIS CER WRITHN WARDED	C		STATE STATE
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1005 T	AT WORK AT WORK	Mysic, P. Gibres
EXAMINER: CERTFICATE ULD BE FOR DIRECTOR:	至94	22s. I certify that I took charge of the remains described above, helder Autopsy, inspection	, and in my apınian
XAM ERTS ID B	WITH	1 DO IMPOSPECIFIC	-leah
ALGOR	E 2	SIGNATURE SEGNATURE SIGNATURE M.D. SEGNATURE MEDICAL EXAMINE	DATE SIGNED 7/19/19
MEDICAL CUTE THE F 4 SHC FUNERAL	BALTMORE AL	TYPE OR PRINTING P. PODRIGUEZ ADDRESS 500 9 La fourn	Ch., Como Suno
and the same		BURNAL CREMATION, REMOVAL 116 CATE 116 NAME OF CEMETERY OF CREMATORY	Jul 2003/10 ml
DHMH-17 20M	1/73 24	FUNDRAL DIRECTOR 25. 1919 TESUTION COM. 123 2 250. DATE REC'L. BY REGISTRAR L.	256. REGISTRAK'S SIGNATURES
(VR A15 ME (Dillies Fineral James In Spent Plas	3 tradestand
	4	-VIIIIN FILITALIA MONTH STILL MAN I MALL	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF WEATH REGISTRAR L DECEASED NAME O. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED IF UNDER 1 YR IF UNDER 24 HRS DATE RONOUNCED DEAD BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS HE NOT IN SUCH FACILITY GIVE STREET ADDRESS Road 13d. INSIDE CITY LIMITS? 13e STREET ADD YES Z 15 MOTHER'S MAIDEN NAME EIRST MIDDLE MIDDLE Cook Norris Herman Anna OF. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 149-20-3394 Helen R. Norris, Wife, Same as Abov Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Colonomica IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] BE NO [210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH PM 21e. PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC. CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian DIRECTOR death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) deputy MEDICAL EXAMINER R DEATI Augusto P. Rodriguez.M.D. 5009 Rayburn Ct., Camp Springs, Md. 20031 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE Burial Arlington Natl. Cem. Arlington, Virginia 24 FUNERAL DIRECTOR RObt 4308 Suitland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Wilhelm **DHMH - 17** (VR A15 ME (5)) Rd., Suitland, Md. Funeral Home 15M 7/77

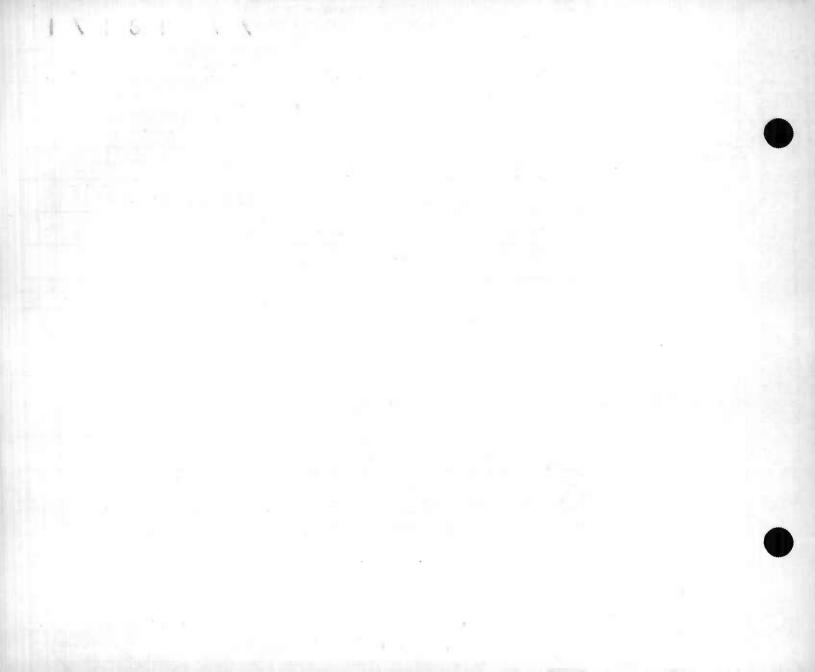


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 7/78



requires that the death certificate be executed within 24 haurs

0	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH					
W	1 DECEASED NAME	FIRST	WIDDLE	ŁAST	2a		
ma A	(TYPE OR PRINT)				1		

RTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH		REG. 1	10.	8	1 7	2
LAST	a DATE OF	DEATH	MONTH	DAY	YEAR	26 HO

	KEOISTITAL						REG. NO.		
	CEASED NAME	FIRST	WIDDLE		LAST	20 DATE OF D	DEATH MONTH	DAY YEAR	26 HOUR
,,		WILLIAM	Lee	OV	VENS	JULY 7	7. 1979		5:14a M
3 SE	x	4. RACE		5 DATE			RS LAST BIRTHDAY)	IF UNDER I YEA	R IF UNDER 24 HRS
	male	cau.	white	March	26,1904 YEAR	75	YRS	MONTHS DAYS	S HOURS MIN
7a B	RTHPLACE STATE OR	FOREIGN 76 CITIZEN	OF WHAT COUNTE	RY? 8	D NEVER MARRIED	9 BALTIMORI	ECITY OR COUNTY	OF DEATH	
1	orth Caro	lina U.S	.A.	WIDOW			e Georges	, Co.	MD
10 C	ITY OR TOWN OF DE				OR OTHER INSTITUTION	12a USUAL O	CCUPATION	12b. KIND	OF BUSINESS OR
1	Lanham	Doc	or s hos	rital		Carpe	or most of working lif		her & Co.
	al residence (if nui State Maryland	Charles	130 CITY OR TO Judian	NWO	13d INSIDE CITY LIMITS?		odress press Plan	ce	
14. FA	THER'S NAME	MIDDLE	_ LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE		LAS1
	Lee	Andrew	Owen	28	Lester	0.	tis	11	ues
16a V	VAS DECEASED EVE	R IN U.S. ARMED FORCE		ECURITY NO.	17 INFORMANT		ADDRESS	7	Head, MD.
1	ES, NO OR UNKNOWN	(IF YES, GIVE WAR OR DATE:	579-05-	-0108	Elizabeth A	. Wroble	- 8 Leslis		20640
		TH (Enter only one couse	per line for (p), (b)	and (c)					DXIMATE INTERVAL N ONSET AND DEATH
		VAS CAUSED BY:	0	A .	MONIA			1 0	Man Th
	421	IMMEDIATE CAUSE (0			7,00				1.001111
	100		O, OR AS A CONSE	QUENCE OF	scum Ac	-111150	A-	1	week
	Canditians, if any gave rise to im	mediate	1/3/1/63	HOVI	3000111 115	-01757	71	9	week
	underlying cous		OR AS A CONSE		2.00 AT	Thomas.	cumusis		
		te	(1=1VL		160 111				
Z	PART 2 OTHER SIG	NIFICANT CONDITION	S CONTRIBUTING	IO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION GIV	EN IN PART I	1(0)
CERTIFICATION	19a DATE OF OPERA	ATION 196. CC	INDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	20a AUTOP		, WERE FIND	
표						YES		YING CAUSE	ES OF DEATH?
ERT	21a. ACCIDENT WAS UN		AE OF INJURY		21c HOW INJURY OCC				
_	OR CONTRIBUTING	CAUSE OF DEATH HOUR	A.M. MONTH						A REPORT
MEDICAL	(IF EITHER, NOTIFY MEDI-		P.M.	19	211. LOCATION				
MEC		VHILE () (AT HOM	E, STREET, FACTORY, OFFI	CE, FARM, ETC.]	STREET		ITY OR TOWN	COUNTY	STATE
	AT WORK AT W	ORK -						-	
) (this hospital) attende				25, to			o, that (I) (we) last
	obove, (I) (we)	(did) (did nat) view the b	ady after death.		nd that in (my) (our) apinio	on death occurred	on the date and hou		
	226 SIGNATURE	1 - m	17		DEGREE	JEDICA!	STAFF	22c. DAT	TE SIGNED
	Mul	4/11/10	de	V	ATTENDING PHYSICIAN	DIRECTOR _		7	-1-79
	22d. PHYSICIAN'S N	IAME (TYPE OR PRINT)	ELDE	4	22e ADDRESS				
	NEIL	A. ME	ADE 1	カム					
23a I	BURIAL, CREMATION	, REMOVAL 236. DATE		3c. NAME OF C	EMETERY OR CREMATOR	Y 23d. LOCAT	ION		

DHMH - 16 50M 1/76

BP

retained by the haspital

(VR A 15 (4))

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar ather traumatic event, the medical examinet must be natified at once.

should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar removal.

TO FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The law

campletely filled in by the funeral it and 2 should be filed within 72 i

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

23d LOCATION CITY OR FOWN

COUNTY Charles

STATE

REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 211 St. Mary's Ave. rc. La Plata, Maryland repart Funeral Home.

26 3.505 health Consider H.F.A. College Warner Sance Secretar Lea Lowers towards inspirited Lugaritas Inches Co. Enc would be end be an and a CONTRACT STATE OF THE PARTY OF No STE-DECTOR Charlet A. Deplice Charling Mr. 2000 Annual - ATTITUTE No. Contest Consider Contest Contest Contests Contests True Level Auto Anchoral controls liers, the earliest continue the second STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

99 Part Alle

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marked or Item 18 shows

MPORTANT: If Hem

CERTIFICATION

MEDICAL

STATE OF MARYLAND

	FOR STATE REGISTRAR		CERTIFICATE OF DEATH . REG. NO. 8 1 7 4									
	1. DECEASED NAME	FIRST		MIDDLE	LAST			20. DATE OF DEAT	H MONTH	DAY YEAR	26. HOUR	
	(TIPE OKPKINI)	MARY	RUTI	H PA	PATTERSON			JULY 26, 1979		9:40		
	3. SEX		4 RACE		5 DATE OF BIRTH			6 AGE (IN YEARS LAS	ST BIRTHDAY)	IF UNDER I YEAR		
ļ,	FEMALE		WHITE		MARCH 29, 1920			5	9 YRS.	MONTHS DAYS	HOURS MIN	
ì	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) SOUTH CAROLINA		76 CITIZEN OF WHAT COUNTRY? USA		MARRIED NEVER MARRIED			9. BALTIMORE CITY OR COUNTY OF DEATH				
7					WIDOWED DIVORCED			PRINCE GEORGES COUNTY M			MD	
	10 CITY OR TOWN OF DEATH			HOSPITAL, NURSING		R OTHER INSTITUTION	1	12a USUAL OCCUPATION 12 (TYPE OF WORK FOR MOST OF WORKING LIFE) IN			26. KIND OF BUSINESS OR	
ď	ANDREWS AFB		MALCOLI		AF MEDICAL CENTER			HOUSEWIFE				
5	USUAL RESIDENCE (#N 130. STATE MARYLAND	136 COURT	VIY	13c. CITY OR TOWN	4	13d. INSIDE CITY LIMIT		13e STREET ADDRE		L COURT		
1	14. FATHER'S NAME					15 MOTHER'S MAIDER	NAM					
C	TALLIE		MARK]	PLUMMER	(D)	MARY		JANE		ITT	(D)	
	I 60 WAS DECEASED EV		MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT		IA	DORESS	TAIIDET	COLIDII	
	NO NO		577-01-8		944 DORIS JANE F			IELD (D) ANDREWS			LAUREL COURT ABB, MARYLANI	
	18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cas stroy wells by had Henry kayl								APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH		
	57/5 DUE TO, OR AS A CONSEQUENCE OF,											
	Conditions, if o		(b)_	Esophag	phageal vances							
	cause (a), sta	oting the	DUE TO, OF	R AS A CONSEQUE	NCE OF_							
	underlying cas	use lost.	(c)	Corchi	1515							
	PART 2 OTHER SI	IGNIFICANT (CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE	TERMI	NAL DISEASE OR C	ONDITIONG	IVEN IN PART 1	01	

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

NOX YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

20a AUTOPSY?

26 JULY 22a I certify that (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

	obove, (f) (we) (did not) view the bady ofter death			
728	MONATURE IN 1	DEGREE		224 DATE SIGNED
1	11 Oum & heartists		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	26 JULY

22e. ADDRESS

ANGSTADT, MAJ, USAF, MC

MALCOLM GROW USAF MEDICAL CENTER

CITY OR TOWN

23d LOCATION 23c NAME OF CEMETERY OR CREMATORY

230 BURIAL, CREMATION, REMOVAL COUNTY 24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VR A 15 (4))

FUNERAL

190 DATE OF OPERATION

SUITLAND HOME

23b. DATE

STATE

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

NO [

STATE

79

ARTHORNO HEUG ATTACK TANDERS TAND TO POLICE TO SEA BY THE TANDERS AND THE PROPERTY OF THE PR Supplement of the supplement o (u) TITES - MALL THAN (G) EDENITY TRANSFER SIMILAR TOTAL SHIPA (T) GLEET BUAL STROOT WARRANTS the share involved and in secretary and secretary OR THE WILL TOWNSON A MEETE

FOR

- STATE

DHMH-16 20M

(VRA 15, 4) 7/7B

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Benning Road, NE

26 HOUR

HOURS

17h KIND OF BUSINESS OR

LAST

sudden

years

COUNTY

22c DATE SIGNED

20769

July 17,1979

APPROXIMATE INTERVAL

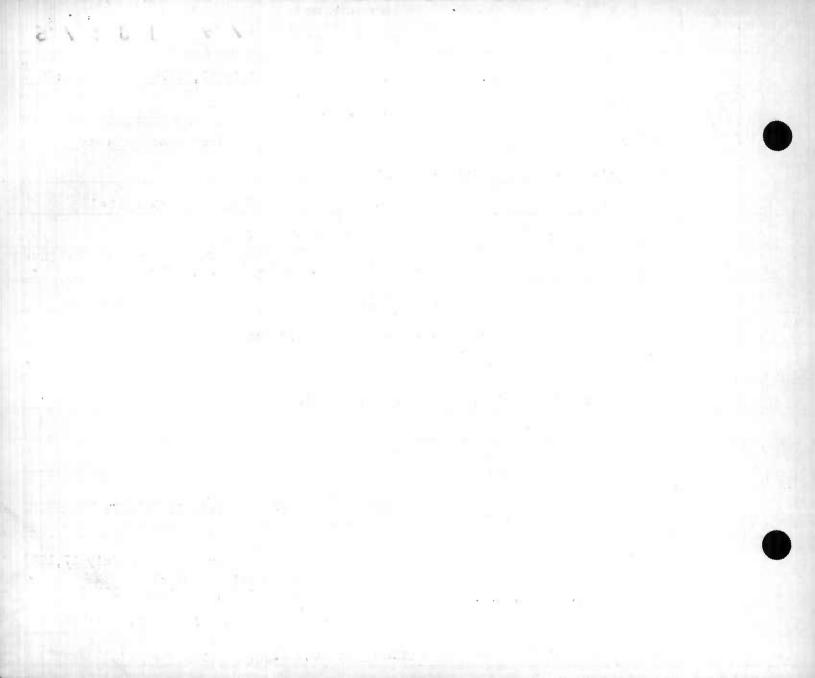
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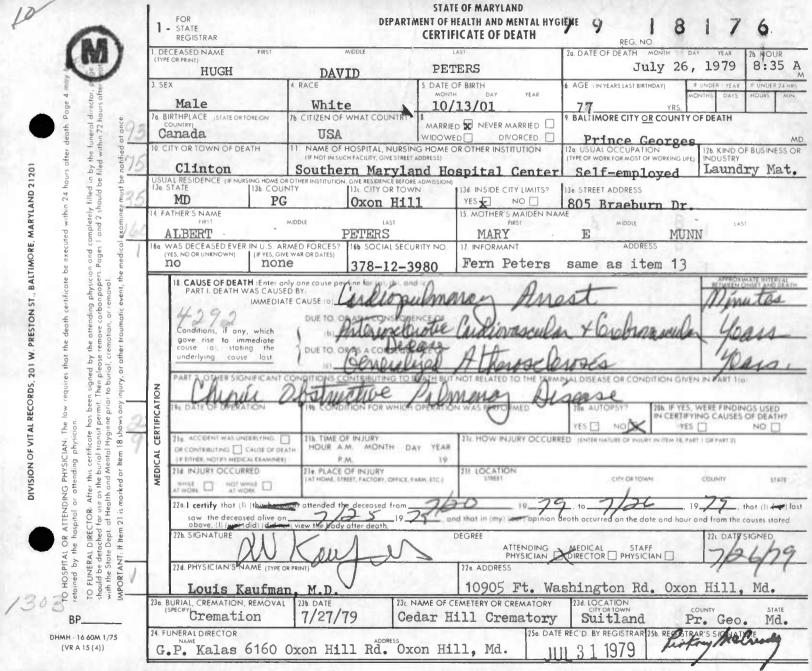
STATE

INDUSTRY

9:50

UNDER 24 HRS





10/11/05

Clinton Southern Hardand Joseph Center Sold-entry

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Louis Engines, F. F. 1. 109 Per Pr. Narida Man Pc. Code

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STATE OF MARYLAND

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	PE OR PRINT)	ME FIRST Ever	et.t.	Glenn	F	hipps		20. DATE K OF DEATH	NOWN D	,		79 75 HOU
3. SE		4 RACE	5 DATE OF BIRTH	YEAR LAST BIRT	YEARS IF UT	VDER 1 YR. LIF	FUNDER 24 HR			MONTH	DAY Y	EAR MYDIOU
7a. 8	Male. BIRTHPLACE RGINIA		July 13 76. CITIZEN OF W	HAT COUNTRY?		NED NEVE	R MARRIED DIVORCED	9. BALTIMO		-		Н
H	vattsv		4709	SPITAL, NURSING HO ACILITY, GIVE STREET ADDRES Banner St.	(S)	HER INSTITUTION	F	USUAL OCCUPA OR MOST OF WORKI USTODIAN	ATION (TYPE			F BUSINESS USTRY
	RYLAND	PRINC	E GEO.	TYATTSVIL			LIMITS? 13e S	TREET ADDRES	S IER ST	REET		
	GARFIE	LD	MIDDLE G.	PHIPPS		R	S MAIDEN NA	ALICE	,	Cr	RESS	
160.	WAS DECEAS YES, NO, OR LINK NO	SED EVER IN U.S. AR. NOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	230 32 86		Sarah	F. Duf	fy Sa	me as	#13	ā C	
	Candit gove couse lying c	tions, if ony, which rise to immediate (a) stating the <u>under-ause lost</u> .	TE CAUSE (o) S DUE TO, O (b) DUE TO, OI	eizure R AS A CONSEQUENC R AS A CONSEQUENC BUT NOT RELATED TO THE T	E OF	SE OB CONDITION O	CIVEN IN PART 1					
TION		OF OPERATION									Ton	
CERTIFICATION	190. DATE	OF OPERATION	IVB. COND	ITION FOR WHICH OI	PERAHON V	VAS PERFORMI	ED?				20 AUTO	
MEDICAL CER	UNDERLYI	NAL CAUSE WAS NG OR TING CAUSE OF	DEATH P.	M. MONTH DAY YI	AR		CCURRED (EN	TER NATURE OF INJU	RY IN ITEM 18 P	PART 1 OR PAR	it 2)	
MED	21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK		OF INJURY (AT HOME CTORY, FARM, ETC.)		STREET		CITY OR TOW	N	COU	INTY	STATE
	220. I ce	ertify that I took chars ulted from: Playu	reMouses ©	194	Suicide	Hamicid TITLE (SPE	ecury) y Chief	Inquiry determined more	ner,	DATE SIGNE	D 7/3	1/79
230.	TYPE OR P	AATION,REMOVAL	23b. DATE	Smith, M.D			11 Penn	LOCATION LITY OR TOWN	Balto	. , IVIL		STATE
	urial funeral DIR	ECJOR Chie	8/2/79	Ft. Li		Cemeter	rv B	rentwoo GU 2 197	d Ob. REGI	P.G.	GHANNE	Md. Creedy
L'		sville. Ma		ar nome ,			AU	וכו מ טט		1		/

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

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92.43	I DECEA	SED NAME	FIRST		WIDDLE		LAST				KNOWN X	MONTH	DAY	YEAR 2b	HOUR
	(TYPE OR	PRINT)	D.T.C	CHARD	u	ENRY	Т	PRICE		OF.	MATED [_	27 10	79	
	3. SEX		4 RACE	5. DATE OF BIRTH	6. /	AGE (IN YEARS	IF UNDER 1 Y		4 HRS. 2c	DATE		MONTH	DAY		2907
50	ma	le	white	MONTH DAY	LO.1957	(AST BIRTHDAY)	MONTHS DAY	'S HOURS	MIN PR	DEAD	ICED	7	27 19	, 79	a _M
2	7a. BIRTH	PLACE (SI	ATE OR	76. CITIZEN OF V		(C. I.e.	AARRIED 🗍	NEVER MARRIED	D 🗣 9.		ORE CITY		NTY OF DEA	ATH	
19	Geo	rgia		U.S.A.			DOWED -	DIVORCED	D C		nce Ge			unty	MD.
) 02	10 CITY O	OR TOWN	OF DEATH	11. NAME OF HO			OTHER INST	TITUTION 1	12a USUA	L OCCUP	ATION (TYP	PE OF WORK	12b. KIND OR II	OF BUSINI	ESS
5		Bowie			Hospit					uden				n/a	
5	USUAL RI 130. STAT Mary	E	136. COU!	OR OTHER INSTITUTION, ONLY GEO.	13c. CITY OR BOT	TOWN	13d. INSI YES (13e STREE		ss Millst	ream	Driv	e	
	14. FATH	ER'S NAME		WIDDLE	LAST		15. MC	THER'S MAIDEN			IDDLE		LAS		
21	160 WAS	mas DECEASED	EVER IN U.S. AF	E	I	rice	A D. 17. INF	maryllis ORMANT	s	į.	ADDRESS	S	Grif:		
1		O, OR UNKNOW	WN) (IF YES, GIV	n/a	000 0	0 6352	Tho	mas E. I	Price	Sam	e as	# 13			
	18	CAUSE OF	DEATH (Enter o	nly one cause per lin		nd (c).)						"		OXIMATE INTE	
		Condition	s, if ony, which	DUE TO, O	R AS A CONSE										
		couse (o)	e to immediate stoting the <u>under</u>		R AS A CONSE	QUENCE OF	State of		3.6						
	14	lying cou	se lost.	(c)											
		RT 2 OTHER SIG	INIFICANT CONDITION	S CONTRIBUTING TO DEAT	BUT NOT RELATED	TO THE TERMINAL	DISEASE OR CONC	DITION GIVEN IN PART	[] (a).						
	CERTIFICATION 13/1	O. DATE OF	OPERATION	19b. COND	ITION FOR WH	ICH OPERATI	ON WAS PERI	FORMED?				-		TOPSY?	- 0
	E 21	. EXTERNA	L CAUSE WAS	21b. TIME (OF INJURY		71c HOW IN I	URY OCCURRED	LENTER NAT	TURE OF INJ	URY IN ITEM 18	PART I OR F		SUN	0 🗆
	AL CI	DERLYING		HOUR A	M. MONTH D	26 ₁₉ 79		ped by a							
		INJURYO	CCURRED	21e. PLACE	OI HADOKI (AT NUME,	II. LOCATION	٧ -				15-11	150-6		
		HILE WORK	NOT WHILE	STREET, FA	ctory, FARM, ETC.)			ad Inn 1	300 F	Raili	oad A	ve.	Bowie	, Mar	ylar
		22a. I certif	y that I took char	ge of the remains d	escribed obove,	held on	Autopsy X		□.	Inquiry		ind in my o	pinion		
	C	leath resulte	d from: Nati	ural causes .	Accident	, Suicid	H.	omicide X.	Undeter	mined ma	inner .				
		TUAL	Maria	- A And	Wrean.			LE (SPECIFY)				DATE		/27/7	0
-	Sk	GNATURE_	- vulge	re me	100		-	ssistan				SIGN	IED	14111	,
2	EX (T)	AMINER'S	NAME NT)	Margarit	a A.Kor	e11,M.	ADDRES	111 :	Penn	Stre	et				
	230.BURI	AL, CREMAT	ION, REMOVAL	23b. DATE			ERY OR CREM		123d LOC	TOWN	9.611		UNITY	SYATE	
	24 ELINI		urial	30 JUL 79			emeter	254 DATE RE		chel	R LISE REG	e, Me	arylar	nd	
	140	NAIE.		t G. Beal	22	al Hom	n	100 0000000	AUG	011	979	las	try	ma Crao	dy
	AOT	2 MIII	aborts u	d. Lanhan	Ma. Z	U TOOO.	069		V.5.72.		100		/		1

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH 26 HOUR :50P.M,

07 01

79 IF UNDER I YEAR

IF UNDER 24 HRS

LAST

BALTIMORE CITY OR COUNTY OF DEATH

Prince Georges

126 KIND OF BUSINESS OR RELITED OST OF WORKING LIFE CHARLEY FOOD

811 46th St. N.E.

811-46th St, N.E. D.C.

Sarah Fairley (Daughter)

STOMACH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

LAST

206 IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? YES

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

23¢ NAME OF CEMETERY OR CREMATORY

23d. LOCATION

COUNTY

NO [

230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY Buria)

24 FUNERAL DIRECTOR

FOR

REGISTRAR

DECEASED NAME

- STATE

LITYPE OR PRINT

Harmony Cemetery RECTOR Modern Funeral Home
3821-14th St, N.W. Wash, D.C.

Landover.

PGC. Maryland

DHMH - 16 60M 1/75 (VRA 15 (4))

BP

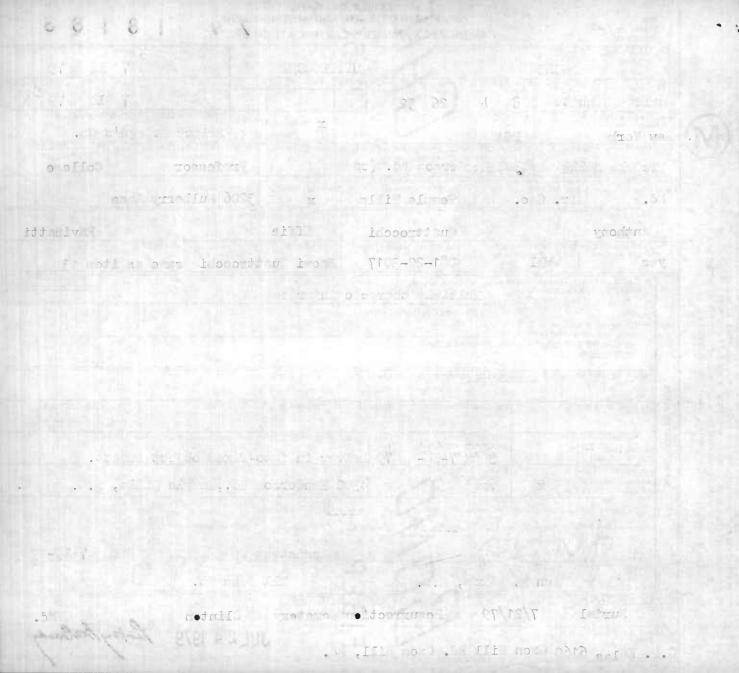
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		CEASED NAM	E FIRST		MIDDLE			LAST		2	a. DATE OF	KNOWN ESTI-	MON!		
			ANDRI					ITROC(CHI		DEATH	MATED		18	19 7
	3. SE)		4. RACE	5. DATE OF BIR		6. AGE (IN YEAR LAST BIRTHDAY		DER 1 YR.	IF UNDER		RONOUP	NCED	MONTE		
69	-	ale	white	8 4	26	52 YRS	-				DEAD	ORE CITY	'/	18	19 7
1	FO	REIGN COUNTRY)	TAIL OR		WINAT COOK			ED TO NE		IED		ce Ge			
1)		W York	OF DEATH	USA 11. NAME OF H	IOSPITAL NU		OR OTH		DIVORC			PATION (T	-		(IND OF
00		Temple	Hills	4302 He	enderso	n Rd.	(car			Pro	fess	OY			lleg
2	USUA 130. S		(IF IN NURSING HOME	OR OTHER INSTITUTION		OR TOWN	N)	13d. INSIDE C	ITY LIMITS?	13e. STRE				1 4 4	
9	M	d.	Pr. (Geo.		le Hil	ls	YES 🕱	NO 🗌	3206	Mul	berry	Lane	е	10
-	14. F/	THER'S NAME		MIDDLE		LAST		F	R'S MAIDE	NAME	N	AIDDLE	13		LAST
1	16- 1	Anthor	LY DEVER IN U.S. AF	PMED FORCES		trocch:		I7. INFORA	ffie		2	ADDRES	ec e	R	avir
1	(Y	ES, NO, OR UNKNO	WH) (IF YES, GIV	E WAR OR DATES)		-20-301°			i Qua	++===	ah i				12
	=			nly one cause per				IVECUIL	L equa	CULOG	GHI	Same	as :	Luein	APPROXIM
	100	PARTIDE	ATH WAS CAUSE			e thora	oron	ร์หราก	ai oa					BE	TWEEN ON
	100	1000	IMMEDIA	ALE CHOSE (0)											
		X/5		DUE TO,	OR AS A CON	ISEQUENCE O	F								
	7	U F . Sec.	at the same which												
	7		ns, if ony, which se to immediat							310	301	3./6			
	7	gave ri cause (a)	se to immediate stating the under	e (b)	OR AS A CON	ISEQUENCE O	F					- 1/h			
	7	gave ri cause (a) lying cau	se to immediate stating the <u>under</u> ise lost.	(c)											
	7	gave ri cause (a) lying cau	se to immediate stating the <u>under</u> ise lost.	e (b)				E DR CONDITID	N GIVEN IN PA	RT 1 (a),	<u> </u>				
	NOIL	gave ri cause (a) lying cau	se to immediate stating the under un	DUE TO, (c) (c) S CONTRIBUTING TO OE.	<u>ath</u> but not rel <i>i</i>	ITEO TO THE TERMIN	NAL OISEASE			RT 1 (a),					
	PICATION C	gave ri cause (a) lying cau	se to immediate stating the under un	DUE TO, (c) (c) S CONTRIBUTING TO OE.	<u>ath</u> but not rel <i>i</i>		NAL OISEASE			RJ 1 (a),				20.	AUTOPS
	RTIFICATION	gave ri cause (a lying cau PART 2 OTHER SI	se to immediate stating the under see lost. GNIFICANT CONDITION OPERATION	DUE TO, (c) S CONTRIBUTING TO DE.	ATH BUT NOT RELA	ITEO TO THE TERMIN	NAL DISEASE	AS PERFOR	MED?		S S S S S S S S S S S S S S S S S S S	ALEX D. FF.) ir		AUTOP YES 🛣
13	L CERTIFICATION	gave ricouse (a) lying cau. PART 2 OTHER SI 19a. DATE OF 21a. EXTERNA	Se to immediate stating the under see lost. GNIFICANT CONDITION OPERATION AL CAUSE WAS OR	CONTRIBUTING TO DE.	ATH BUT NOT RELA ADITION FOR OF INJURY T.M. MONTH	WHICH OPERA	NAL DISEASE ATION W	AS PERFOR	MED?	D (ENTER N.				PART 2)	
13		gave riccuse (a) lying cau PART 2 OTHER SI 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTII	Se to immediate stating the under see lost. GNIFICANT CONDITION OPERATION AL CAUSE WAS TO CAUSE OF	CONTRIBUTING TO 06.	ATH BUT NOT RELATED TO THE PROPERTY OF INJURY	WHICH OPERA DAY YEAR 1979	ATION W	AS PERFOR	MED?	D (ENTER N.				PART 2)	
135		gave riccouse (a) lying cau PART 2 OTHER SI 19a. DATE OF 21a. EXTERNA CONTRIBUTION 21d INJURY C	OPERATION AL CAUSE WAS SING CAUSE OF	(c) DUE TO, (c) S CONTRIBUTING TO 06.	ATH BUT NOT RELA OF INJURY MONTH 7-18 E OF INJURY	DAY YEAR OAT HOME	21c. HC	AS PERFOR OW INJURY VET 11 CATION	occurre	D (ENTERN.	ed ol	bje c t	impa	PART 2)	YES X
3 5	MEDICAL CERTIFICATION	gave riccouse (a) lying cau PART 2 OTHER SI 19a. DATE OF 21a. EXTERNA CONTRIBUTION 21d INJURY C	Se to immediate stating the under see lost. GNIFICANT CONDITION OPERATION AL CAUSE WAS TO CAUSE OF	(c) DUE TO, (c) S CONTRIBUTING TO 06.	ATH BUT NOT RELATED TO THE PROPERTY OF INJURY	DAY YEAR OAT HOME	21c. HC	AS PERFOR	occurre	D (ENTERN.	ed ol	bje c t	impa	PART 2)	YES 🏖
3 5		gave riccuse (a) lying cau PART 2 OTHER SI 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTIO 21d INJURY C WHILE AT WORK	OPERATION OPERATION AL CAUSE WAS OR O	(c) DUE TO, (c) S CONTRIBUTING TO 06.	OF INJURY MONTH TO INJURY MONTH TO INJURY TO INJURY TO INJURY TO INJURY TO INJURY	DAY YEAR AT HOME.	21c HC Driv	AS PERFOR DW INJURY Ver in CATION Perform Hend	occurre	D (ENTERN.) D-fix n Rd.	ed ol	bject ple H	impa	act.	YES &
1354		gave ricause (a) lying caus PART 2 OTHER SI 190. DATE OF 210. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY C WHILE AT WORK	OPERATION AL CAUSE WAS OCCURRED NOT WHILE AT WORK	CONTRIBUTING TO GE 19b. CON 21b. TIME HOUR; TOEATH 21c. PLAC STREET, TOE	OF INJURY MONTH THE BUT NOT RELA OF INJURY MONTH THE OF INJURY FACTORY, FARM, E	DAY YEAR OAT HOME. TC.)	21c HO Driv 21f LOO 4302	AS PERFOR OW INJURY Ver in CATION THE THE PROPERTY OF THE	occurrent auto	D (ENTER N. D-fix n Rd.	ed ol	bject ple H	impa ills;	act.	YES &
1354		gave riccuse (a) lying cau PART 2 OTHER SI 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTIO 21d INJURY C WHILE AT WORK	OPERATION AL CAUSE WAS OCCURRED NOT WHILE AT WORK	CONTRIBUTING TO 06. S CONTRIBUTING TO 06. 19b. CON 21b. TIME HOUR? 3 21c. PLACA STREET, YOU	OF INJURY MONTH TO INJURY MONTH TO INJURY TO INJURY TO INJURY TO INJURY TO INJURY	DAY YEAR OAT HOME. TC.)	21c HO Driv 21f LOO 4302	AS PERFOR OW INJURY VET IT CATION PEEEL Hence Manual Hamie	occurrent auto	D (ENTER N. D-fix n Rd.	ed ol	bject ple H	impa ills;	act.	YES &
1354		gave ricouse (a) lying cau PART 2 OTHER SI 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTII 21d. INJURY C WHILE AT WORK 22a. I certi death result.	OPERATION AL CAUSE WAS OCCURRED NOT WHILE AT WORK	CONTRIBUTING TO GE 19b. CON 21b. TIME HOUR; TOEATH 21c. PLAC STREET, TOE	OF INJURY MONTH THE BUT NOT RELA OF INJURY MONTH THE OF INJURY FACTORY, FARM, E	DAY YEAR OAT HOME. TC.)	21c HO Driv 21f LOO 4302	AS PERFOR OW INJURY VET IX CATION 22 Hend Sy X, Hamic TITLE (S	occurrence a autoderson inspection inspection pection per pection per pection	D (ENTER N. D-fix n. Rd. Undete	ed of	bject The Hi	impa ills;	PART 2)	YES X
1354		gave ricouse (a) lying cau PART 2 OTHER SI 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTI 21d INJURY C WHILE AT WORK 22a. I certi death result	OPERATION AL CAUSE WAS OCCURRED NOT WHILE AT WORK	CONTRIBUTING TO GE 19b. CON 21b. TIME HOUR; TOEATH 21c. PLAC STREET, TOE	OF INJURY MONTH THE BUT NOT RELA OF INJURY MONTH THE OF INJURY FACTORY, FARM, E	DAY YEAR OAT HOME. TC.)	21c HO Driv 21f LOO 4302	AS PERFOR OW INJURY VET IX CATION 22 Hend Sy X, Hamic TITLE (S	occurrent auto	D (ENTER N. D-fix n. Rd. Undete	ed ol	bject ple H:	impa ills;	PART 2)	YES X
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BALLIMORE, MARTLAND, AZOLFRIOR TO BURGH, CROWNING, OR REMOVAL.	MEDICAL	gave ricause (a) lying cause (a) lying cause PART 2 OTHER SI 190. DATE OF 210. EXTERNA UNDERLYING CONTRIBUTI 21d INJURY C WHILE AT WORK 220. I certi death result ACTUAL SIGNATURE: SIGNATURE EXAMINER'S (TYPE OR PRI	OPERATION OPERATION AL CAUSE WAS SOURCE OF CAUSE OF COCCURRED NOT WHILE AT WORK To that I took chare of from: NAME NAME A name of the chare of the character of the char	DUE TO, (c) S CONTRIBUTING TO OF, 19b. CON 21b. TIME HOUR; 3 21c. PLAA STREET, POS rge of the remains ural couses M. Dixo	OF INJURY OF INJURY MONTH TALL ACCIDENT ACCIDENT M. I	DAY YEAR DAY YEAR 1979 (AT HOME. TC.)	21c HC Driv 21f LOO 430 Autopide M	AS PERFOR DW INJURY Ver ir CATION PREEL Hence JITLE (S. D. ASSI	occurrent autological procession autological procession	D (ENTERN. D-fix n Rd. Undete	ed of Temp	bject ple H:	impe	PART 2)	YES X



Chambers Funeral Home Riverdale, Maryland

(VRA 15, 4) 7/78

THE ONLY BETWEEN THE PARTY OF T The same of the sa

			STAT	TE OF MARYLAND		
	1.	FOR - STATE REGISTRAR		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	18185
(EA)	I DE	CEASED NAME FIRST	MIDDLE &	Acles.		MONTH DAY YEAR 26 HOUR 11/1 5 1979 8:50
	3 SE	male.	RACE 5. DATE MONTH	OF BIRTH DAY YEAR 22 91	6 AGE (IN YEARS LAST BIRTI	MONTHS DAYS HOURS M
or once.	0	Maryland	U.S.A. WIDOW	ED NEVER MARRIED DIVORCED	RRING	R COUNTY OF DEATH L DEOFORES
by the for	5	ORESTUIN &	11, NAME OF HOSPITAL, NURSING HOME (IF NOTA SUCH FACILITY, GIVE STREET ADDRESS)	KSing Home	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	
should be	13a. S	CARYLAND DIST	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION TY 134 OTY OR TOWN	136 INSIDE CITY LIMITS? YES NO 1	STAR 21	3 BSY 277
completely 1 and 2 sh	14. F/	Josias	Radcliff	Abina	MIDDLE	Clements
g physicion and ca andopers. Pages 1 emoval.		VAS DECEASED EVER IN U.S. ARA YES, HO OR UNKNOWN) (IF YES, GIVE	AED FORCES? 16b. SOCIAL SECURITY NO. 217-36-5185	Jane C. Cook	sey-Rt. 5.	Lie / Lucie, 110.
n signed by the Then please rem to burial, crema njury, ar other t	NO	couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART 1(a)
te hos beer rigiene prior shows ony i	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
s certificate has burial-transit per Mental Hygiene or Item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2}
the bu	MEDICAL	21d. INJURY OCCURRED WHILE OCT WHILE OF AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N COUNTY STATE
for us of He 21 is		27a I certify that (I) (this hospit- sow the deceased alive an above, (I) (we) (did) (did not	ol) ottended the deceased from	nd that in (my) (our) opinion	death occurred on the do	19, that (I) (we) ate and hour and from the causes stated
RAL DIRECTOR: detoched for us to the Dept. of He VI: If Item 21 is	18	William	Kent Furt	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
retoined by the TO FUNERAL (should be deto with the State [MPORTANT: If		22d PHYSICIAN'S NAME (TYPE OR		22e ADDRESS		
P	23a. [BURIAL, CREMATION, REMOVAL SPECIFY. Burial		CEMETERY OR CREMATORY L Heart Cemete	23d LOCATION CITY OR TOWN N. La Plata	Charles Marula
16 50M 7/77 A 15 (4))		UNERAL DIRECTOR	lome, Inc. La Plata,	20646 25a. DA		25h. BUSHITKAR'S MANURE S

E & I. S. I. S. A. W. T. S. I. S. J. S. S. nsius allower with the LE PLANTS, TUB. 14 277-30-5105 Jane C. Cholden V. J. Box 277 2061 incial 1-70-1279 saved lague Constant la Pala Calarana audentif Archive Turnent lane, inc. La Plain Newsland

Medical Examiner	1.	FOR			DEI	STATI PARTMENT OF H	OF MARYLAND		NB/ O		0		
Notified		- STATE REGISTRAR					CATE OF DEA		1 4	REG. NO.	Ö	1 0	5 0
12		CEASED NAME E OR PRINT)	Gera]		Paul		Raffa		2a DATE OF D			79	2; 18am
9е 4 поу	3 SE	x Male	7	4 RACE Whit	e	S. DATE C			56	RS LAST BIRTHDAY		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
P P P P P P P P P P P P P P P P P P P	70 B	IRTHPLACE (STATE ORFO	DREIGN	76. CITIZEN OF		VTRY? 8	NEVER MAR	PRIED O	BALTIMOR Prince		OUNTY O		MD.
on softer do		ITY OR TOWN OF DEAL	(TH	II. NAME OF I	HOSPITAL, N	URSING HOME C			Super	CUPATION Inter		176 KIND O	of BUSINESS OR
(ND 212) 1.24 hour filled in ould be f	USU 120 IVI	AL RESIDENCE (IF NURS	13b COUN P.G	OTHER INSTITUTION	13c CITY OF	E BEFORE ADMISSION R TOWN	13d INSIDE CITY	LIMITS?	3e STREET AL 11037	DORESS	aome	erv R	d.
BALTIMORE, MARYLAND 2120' cote be executed within 24 hours ysicion and completely filled in py ypers. Pages 1 and 2 should be fill you.	14. F.	Paolo	٨	AIDDLE	Ra	ffa	15 MOTHER'S M. FIRST	ina	E	WIDDLE	1	IAS	elitti
IMORE, n ond co	16a 1	WAS DECEASED EVER YES, NO OR UNKNOWN]	IN U.S. AR/	MED FORCES? WAR OR DATES!		SECURITY NO. 16-8068	17 INFORMANT Clarie		Raffa	ADDRESS Same	as	#13	
'DS, 201 W. PRESTON ST., guires, that the death certiful signed by the attending phine please remove corbang hen please remove corbang to buriol, cremotion, or remotive, or other traumatic eventiury, or other traumatic even	NO	PART 2 OTHER SIGN	which nediate g the last	DUE TO, O (c)	RAS A CON	SEQUENCE OF		elevos		or conditi	ON GIVEN	8	HOURS YEARS
TAL RECOR	CERTIFICATION	19a DATE OF OPERA				VHICH OPERATIO				40 IN	CERTIFYIN YES [NGS USED S OF DEATH?
DIVISION OF VITAL DING PHYSICIAN: The or ottending physicion After this certificate h e os the buriel-tronsity of the and Amenal Hygies morked or item 18 the	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC. 21d. INJURY OCCURE WHILE NOT WI AT WORK AT WO	AUSE OF DEA AL EXAMINER)	P.	M. MONT M. OF INJURY	H DAY YEAR 19 DEFICE, FARM, ETC.)	21c. HOW INJUR			RE OF INJURY IN	ITEM 18. PART	OR PART 2)	STATE
by the hospitol or ERAL DIRECTOR: A detached for use State Dept. of Heal		270.1 certify that (I) say the decease ave. (I) (we) (c	(this hospited alive and did) (did not and	6-15 t) view the bady R PRINT)	after death.	19 <u>79</u> , or	77e ADDRESS	ENDING YSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	10	77 - 4	
Bb. TO HOS should be with the IMPORT	73a.	BURIAL, CREMATION, (SPECIEV) BURIAL		94 NOE 23b. DATE 7/9/			/631 EMETERY OR CRE izabeth	MATORY	73d LOCAT CITY OR 1 Gosh	ION		YINU	STATE N.J.
DHMH - 16 50M 7/77 (VR A 15 (4))	24. F	UNERAL DIRECTOR LEGE TAUF	REL F	UNERAL	HOM!	es, INC.	d. 2081		UL 9		REGISTR'A	R'S SIGNAT	

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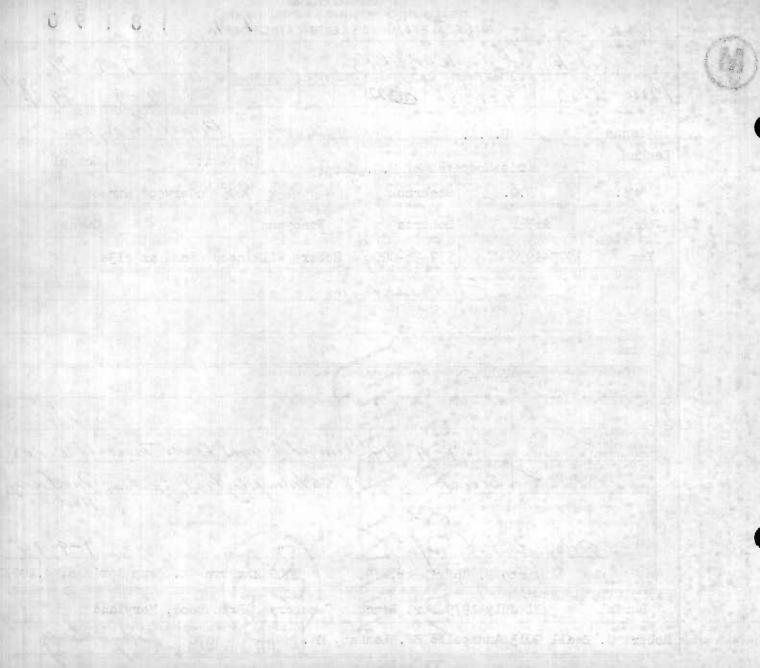
15M 7/76

and the state of t The first property of the foundation of the first permanent in the f 7.10 stant 111 Penn St



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME KNOWN 7b. HOUR (TYPE OR PRINT) OF ESTI-KOBERT DEATH MATED 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 20. DATE PRONOUNCED DEAD TO BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED Indianna WIDOWED DIVORCED II.S. A 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION THE USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Student (IFE) OR INDUSTRY Lanham School RETAIN PA Hospital of P.G. County USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE Md . 136 COUNTY . G. Seabrook 13d INSIDE CITY LIMITS? 9605 Underwood Street NOX YES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Nancyann MIDDLE John Roberts Arbor Owens 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO. ADDRESS YES NO, OR UNKNOWN 577-76-0296 Robert Wilkinson Same as #13e 18. CAUSE OF DEATH (Enter only one cause per lime for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF anditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) E USED AS A 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 3 SHOULD BE DEPARTMENT OF P YES NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY OR HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH 1201 PRIOR 21d. INJURY OCCURRED AT WORK AT WHILE TO MEDIC...
EXECUTE THE CEN...
PAGE 4 SHOULD BE FON...
PAGE 4 SHOULD BE FON...
ATTER DEATH, WITH THE ST
RALTMORE, MARYLAND, 21 220. I certify that I taok charge of the remains described above, held death resulted fram: Natural causes Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER 5009 Rayburn Ct., Camp Springs, Md. 2003 Augusto P. Rodriguez, M.D. EXAMINER'S NAME (TYPE OR PRINT) ADDRESS. 23t. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION SPECBurial STATE 11 July 1979 Fort Lincoln Cemetery Brentwood, Maryland 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Robert G. Beall 9013 Ammabolis Rd. Lanham. Md (VR A15 ME (5)) 15M 7/77



completely filled in by the funeral di

physicion

certificate has

STATE	OF	MARYL	ANI

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	-	-	-	

1.	STATE REGISTRAR		CERTIFICATE OF DE	ATH	REG. NO) (
	CEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
Jure	BETTY		ROBERTSON			7	28 79	10:55 R
3 SE		4. RACE	5. DATE OF BIRTH		6 AGE IN YEARS LAST BIRTH	IDAY)	IF UNDER I YEAR	
-8	- Female	White	MONTH DAY	YEAR	59	YRS	MONTHS DAYS	HOURS MIN
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED NEVER MA	DDIED []	BALTIMORE CITY O	R COUNT	Y OF DEATH	
	fďäho	N.S.A.		ORCED	PR. GE	D.		MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	URSING HOME OR OTHER INSTIT	UTION	120. USUAL OCCUPATIO			OF BUSINESS OR
	RIVERDALE	LELAND MEMON	RIAL FOSPITAL		TYPEOF WERK FOR MOST OF	Exkind	IFE) I INDUSTRI	
USU 13a.	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION OF RESIDENCE		Y LIMITS?	13e STREET ADDRESS	1		
	MP, IRR.	GEO Silver		40 🗆	806 MIDI	LA-N	D RJ).
14. F/	ATHER'S NAME	MIDDLE LASI	IS MOTHER'S /	MAIDEN NAM			Į.	5.7
	MERLE	A	NROE BE	LVA	, I		urcham	
	WAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMAN	ा स्र	BAND ADDRE	55 SF	AME.	
	No	450-	18-8464 ALBIA	N RO	BERTSON	•		
	18 CAUSE OF DEATH (Enter an	ly one cause per line for (a), (11-	railus.	- 19	BETWEEN	ONSET AND DEATH
	PART I. DEATH WAS CAUSEI	TE CAUSE (a) ACUTE	Cardio-Kespin	ratory	Fai eve	5	OVA	12 6 month
- 7	1749	DUE TO, OR AS A CONS	SEQUENCEJOF B. Ka	maev 1	seemar of	gerse	267	
	Canditians, if any, which	(16) Meta	istatic Cerrai	nema	of weeks	St.		
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF		Le	mes	E 13 18	
18	underlying cause last.	(c)					4 2 4	
NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED T	O THE TERMI	nal disease or cond	ITION GI	IVEN IN PART 1	a i
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFOR	MED	200 AUTOPSY?		S, WERE FINDI	
TIF	-				YES NOT	1	ES [NO [
CER	210. ACCIDENT WAS UNDERLYING	TIMOUR A M. MONITI		JRY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18,	PART 1 OR PART 2)	
CAL	OR CONTRIBUTING CAUSE OF DEA	1171	19					
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	211 LOCATION	1	CITY OR TOW	N	COUNTY	STATE
2	AT WORK AT WORK							
	220.1 certify that (1) (this haspit	20		19 79	_, ta7-2	8	1979	that (I) (we) last
	sow the deceased alive an above, (1) (we) (did) (did na	t) view the bady after death	19 79 , and that in (my) (our) opinion d	leath accurred on the do	ite and ho	our and fram the	causes stated
	22b. SIGNATURA	1	DEGREE	75110010	lance or		22c. DATE	SIGNED
	11.56	Mu	PI	TENDING TYSICIAN	MEDICAL STAF		1-	29-19
	224. PHYSICIAN'S NAME TYPE OF	RPRINT)	27e ADDRESS	Et	Deade Ro	1 6	aura.	and
	H. SHI	AMMIN	200	1 1 1	1 ECC. 1 10		world,	20810
23a	BURIAL, CREMATION, REMOVAL	236 DATE	230 NAME OF CEMETERY OR CR	EMATORY	23d LOCATION			41.75

should be detached for use as the burial-transit permit. Then please remove carbon papers. with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If them 21 is marked at them 18 shows any injury, or other traumotic event, the retained by the hospital or attending physician TO FUNERAL DIRECTOR: After this TO HOSPITAL

OR ATTENDING PHYSICIAN: The

DHMH - 16 50M 7/77 (VR A 15 (4))

Cremation 7/30/79

FOR

Md.

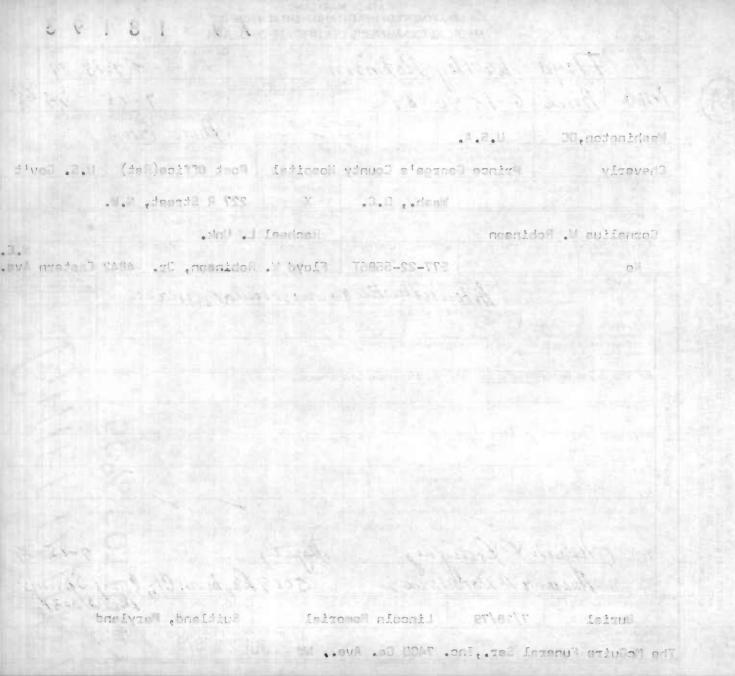
Ft. Lincoln Crematory Brentwood PG Mc
Proposition of the Proposition o 24 FUNERAL DIRECTOR ADDRESS 11800 N.H. Ave. S Hines/Rinaldi

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E Mod in sent of the English Down R. A. C.						A I
	S. Noor L. S. august S.			J. J. D. H		A

				ST	ATE OF MARYL	LAND			
	1 - STA			DEPARTMENT O				8 1	9 2
100	-	ISTRAR SED NAME FIRST	ME	DICAL EXAMI	NEK.2 CEKII	FICATE OF B	KEO	. NO.	
[LAN]	(TYPE OR		· 01	1 1	ROBE	1	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH D	7 70
	3. SEX	4. RACE	5. DATE OF BIRTH	UR /aprol	YEARS IF UNDER 1 X	R. IF UNDER 24 HE		MONTH D	DAY YEAR 24 HOUR
S FOR YOUR S, WITHIN 72 H W. PRESTON S	Ma	Le White	12-6-	OP G9	YRS. MONTHS DAY	S HOURS MIN.	PRONOUNCED DEAD	7-27	1079/20
WITHIN 72 PRESTON	7a. BIRTHI	PLACE (STATE OR	76 CITIZEN OF WI		18 -	NEVER MARRIED	1. BALTIMORE CIT	Y OR COUNTY	OF DEATH
WITH MILE	Was	hington, Do			WIDOWED [DIVORCED [Pomee	(2009	es MD.
301 × 1	10. CHY 9	R TOWN OF DEATH		PITAL, NURSING HO	ME, OR OTHER INST	/	USUAL OCCUPATION FOR MOST OF WORKING LIFE)		KIND OF BUSINESS OR INDUSTRY
S/-CORDS,	USUAL RE	SIDENCE (IF INVIURSING NOME	OR OTHER INSTITUTION GI	VERGES C	constal to	S de	elf-emplo		uilder
21/8	Flor	Jak Con	NTY	ELITY OR TOWN			STREET ADDRESS	Bowlees	
r		R'S NAME	atee	Wireden.		THER'S MAIDEN NA	ME	Orce	Mobile Ct
SOCITAL REC		Grover	Clevelar	nd Robey	, Sr.	Annie	MIDDLE	M	iddlecoff
o NOISINIO	(YES, NO	DECEASED EVER IN U.S. AI	RMED FORCES?	166. SOCIAL SECUR			pouse) ADDR		
5		No -	-	579 07	5377 Vi	rginia R		Same as	above#13
	18.	CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly one couse per line ED BY:				7		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
HYGIENE, /AL.	1	553 IMMEDIA	ATE CAUSE (a)	AS A CONSEQUENCE	resnon	ra Jose			
TRANSIT PERMIT NTAL HYGIENE, EMOVAL.		Conditions, if ony, which		AS A CONSEQUENC	201				
RIAL-TRANSIT		gave rise to immediate couse (o) stating the <u>under</u>		AS A CONSEQUENC	E OF				
< 02		lying couse lost.	(c)						
N N		2 OTNER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL OISEASE OR CONO	DITION GIVEN IN PART 1 (a)			
OF HEALTH AND A	ğ 100	DATE OF OPERATION	In course						
AL.C	FIGA	DATE OF OPERATION	148 CONDI	TION FOR WHICH OP	ERATION WAS PERF	FORMED?		{	0. AUTOPSY?
URIA -	210	EXTERNAL CAUSE WAS	21b. TIME OF		21c. HOW INJI	URY OCCURRED (EN	TER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART 2)	YES NO
S S S	MEDICAL CERTIFICATION 9-12 O-12 O	DERLYING OR NTRIBUTING CAUSE OF	DEATH P.M	. MONTH DAY YE	AR				
21201 PRIOR TO BURIAL	21d	INJURY OCCURRED	21e. PLACE (21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
5		WORK NOT WHILE		OKT, FARM, ETG.)	STREET		CITORIOWN	COUNTY	SIAIE
E ST		22a. I certify that I took char	ge of the remains de	cribed obove, held on	Autopsy .	, Inspection	, Inquiry ,	ond in my opinio	on .
H THE	de	oth resulted from: Nati	urol couses :	Accident	Suicide . Ho	omicide . Un	determined monner],	
DIRECTOR: WITH THE ARYLAND, 2	AC	WAL ONLO	~ XX	0	LITY	E (SPECIFY)		DATE	76.7-70
ATH.	51G	NATURE TELE	me 1: x	ediging	M.D.	epily N	EDICAL EXAMINER	SIGNED	4717
Z & Z	EX.	MINER'S NAMELICAL	470 P.R.	od Hegas	ADDRES	500g K	aupusa (7.	
TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALTIMORE, MARYLAND, 2		L,CREMATION,REMOVAL		23c. NAME OF C	EMETERY OR CREM	33	LOCATION CITY OR TOWN	COUNTY	STATE
		Burial	July30,7	79 Cedar	Hill Cer	m. S	uitland	P	G Md
17	24. FUNEI	Ral Robert E.	Wilhelm	1			BY REGISTRAR 25b. R	EGISTRARIS SIGN	NATURE Creade
73		Funeral H	iome Inc	Suit	land, Mo	d Au	GO 1 1919	- Landard	

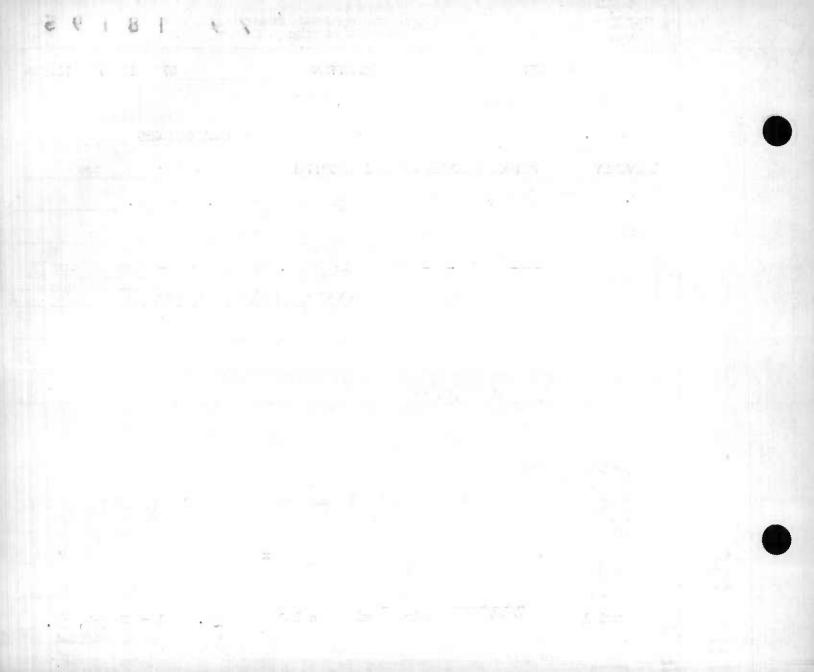
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						FMARYLAND	(
	1-5	OR TATE EGISTRAR			XAMINER	LTH AND MENT	TE OF DEA		8 1	9 3	
1	. DEC	EASED NAME FIRST	. 7	MIDDLE	O · ·	LAST	I	20. DATE KNOWN	MONTH	DAY YEAR 1	2b. HOUR
1	(TYPE	ORPRINT) Floye	d Wes	Hey	Robins	m		OF ESTI- DEATH MATED	97-1	15 74	M
3	SEX	Tale Black	5. DATE OF BIR	RTH YEAR 5-90		FUNDER 1 YR. IF U		2c. DATE PRONOUNCED DEAD	MONTH -15	DAY YEAR	2d HOUSE
17		THPLACE (STATE OF	76. CITIZEN OF	WHAT COUN	TRY? 8. M	ARRIED NEVER	MARRIED 🗆	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
4		shington DC	U.S				VORCED .	Minee (Lorge		MD.
1			(1F NOT IN SU	CH FACILITY, GIVE ST	REET ADDRESS)	OTHER INSTITUTION	FOR M	AL OCCUPATION (TO COST OF WORKING LIFE)		OR INDUSTI	RY
U		RESIDENCE (IF IN NURSING, MON				ty Hospita	1 Pos	t Office(F	Ret)	U.S. G	pvit
13	3a. ST.	ATE 186 COL	YTAL		or town	13d. INSIDE CITY LIA YES X		R Street	N.W.		
1	4. FA1	HER'S NAME FIRST	MIDDLE		AST	15. MOTHER'S /	MAIDEN NAME	WIDDLE)	LAST	
4		ornelius W. R				Racha	el L. U		9	*	
7"	(YES	AS DECEASED EVER IN U.S. A. NO. OR UNKNOWN) (IF YES, G	ARMED FORCES?		IAL SECURITY NO	17. INFORMAN		ADDRES			N.E.
1		NO 18. CAUSE OF DEATH (Enter			-22-5586	Floyd	W. Robi	nson, Jr.	4842	Easter	
		couse (o) stating the undi lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIO	(c)_	OR AS A CONS		SEASE OR CONDITION GIVE	N IN PART 1 (a).				
7	CERTIFICATION	190. DATE OF OPERATION	19b. COI	NDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	?			20. AUTOPSY?	
1	TIFK		18/2		200			3 3 7 1	B -	YES 🗆	NO 🗆
3	CAL CER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE C	HOUR	E OF INJURY A.M. MONTH P.M.	DAY YEAR	t. HOW INJURY OCC	CURRED (ENTER N	ATURE OF INJURY IN ITEM 1	B PART I OR PART	T 2)	
	MEDICAL	WHILE NOT WHILE AT WORK		CE OF INJURY FACTORY, FARM, ET		STREET		CITY OR YOWN	COU	NTY	STATE
		22a. I certify that I took cho	arge of the remains tural causes	Accident	e, held an A	otopsy , Ins Homicide T/T/G/SPECU	EY	Inquiry , ormined monner Ch.	DATE SIGNED	7-15 1 Spsee	-74
2	3a. BU	RIAL, CREMATION, REMOVAL			AME OF CEMETE	Y OR CREMATORY	238.10	CATION	me	20037	ATE .
	,	Burial	7/18/7	9 L	incoln M	emorial		itland, Ma			
		NERAL DIRECTOR	ADD	RESS			DATE REC'D. BY	REGISTRAR 256 REC	SISTRATES SH	GNATURE	dy
1	The	McGuire Fune	ral Ser.	, Inc. 7	400 Ga.	lve., NV	JUL	0 1019	/	0	11



	l a	for			OF MARYLAND	urite	1 0 1	0 4
1	1.	- STATE REGISTRAR	DE		EALTH AND MENTAL HYG ICATE OF DEATH	ityt 9	101	7 4
~	1. DE	CEASED NAME FIRST	WIDOLE		AST	REG. NO	O. MONTH DAY YEAR	2b. HOU
(MI)	{TYPE	ORPRINT	FEMALE	RORIE		ZE DATE OF DEATH	07-03-79	11:3
1 133	3. SE	X	4. RACE	5. DATE C	OF RIDTH	6. AGE (IN YEARS LAST BIRT		
8 /VE		FEMALE	BLACK	707		U. AGE (IN TEARS LAST BIRT	MONTHS CAY	
neral di n 72 ho	∦a. B ⊂	IRTHPLACE ISTATE OR FOREIGN OUNTRY) Maryland	76 CITIZEN OF WHAT COUNTY	MARRIE WIDOWE	NEVER MARRIED		R COUNTY OF DEATH	UNTY
ofter d		ITY OR TOWN OF DEATH	II. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY GIVE PRINCE GEORE	IURSING HOME		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		OF BUSINE
filled in b ould be fill	13a.	AL RESIDENCE (IF HURSING HOME OF		E BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	dison Rd	
	_	ATHER'S NAME		aper can	15 MOTHER'S MAIDEN NA		dibon Mu	
Des on one	V	Earl	MIDDLE LAS Redd	ick	Helen	Jea		Rorie
n and co		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE	RMED FORCES? 166. SOCIAL	L SECURITY NO.	17. INFORMANT	ADDRE	SS ·	
te be e					Mother	Same	as Above	
ires that the death or gned by the attendin in please remove cart burial, cremation, or ty, or other troumatic	THE WAR	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTING	SEOUENCE OF	NOT RELATED TO THE TERM	inal disease or cone	DITION GIVEN IN PART	l(a)
he low require on. hos been sign 1 permit. Then tene prior to bu ows ony injury,	CERTIFICATION	190, DATE OF OPERATION	19b. CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSI YES \(\text{\text{T}} \)	DINGS USED ES OF DEAT NO D
ding physician. ding physician. s certificate has burial-transis pe Mental Hygiene sr frem 18 shaws	S.	210. ACCIDENT WAS UNDERLYING		H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2	
irsician: ding physics s certifica burial-tran Mental Hy ir Item 18	CAL	OR CONTRIBUTING CAUSE OF DEA	ALI I	19				
DING PHYS or attendir After this is as the bu olth and M marked ar	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	VN COUNTY	\$1.
TTEN pital TOR: for us of He		220. certify that (I) (this haspr saw the deceased alive an above. (I) (we) (did) (did na		20	d that in (my) (aur) apinian (, ta	5 19 29 ite and haur and fram th	, that (I) (v
At OR ATTEN the hospital At DIRECTOR Setached for use Dept. of H. If Hem 21 is		22b. SIGNATURE	1. Wyno		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		E SIGNED
TO HOSPITAL retained by th TO FUNERAL should be deter with the State		220 PHYSICIAN'S NAME (TYPE O		Auffi	22e. ADDRESS	eurcs Ge		
DBP	23a E	BURIAL, CREMATION, REMOVAL SPECIFY) cremation	23b. DATE 7/18/79	Prince G	eorge's Hospi			
MMH - 16 60M 7/73 (VR A 15 (4))		NAME Raleigh Cline,	Cheverly, Mar	ÿland	25a. DATI	UL 2 3 1979	256. REGISTRAR'S SIGN	TUPPLAN

11-7-1-1 Transpiritual and all THE PROPERTY OF STREET OF E E



	2		tem 5 g534	8/8/7	9 gj			ARYLAND				
3	, 3	1-	FOR STATE			DEPARTMENT OF			F DEATH	18	196	
			REGISTRAR CEASED NAME	FIRST	ME	MIDDLE	IEK 3	LAST		REG. NO.	DAY YEAR.	2b. HOUR
	ASE OR. ES. URS ET,		E OR PRINT)	riam	MI	or Garde	50	H MID	OF OF	ESTI- MATED	10 1979	ZB. FIOOK
	LEASE OR. UES. URS	3. SE)			DATE OF BRITH	6 AGE (IN YE		IDER 1 YR. IF UNDER		нтиом	DAY YEAR	24317919R
	2 12 1	1	male WH	ite	Ne 35	75 63 Y	RS. MONT	HS DAYS HOURS	MIN PRONOUN DEAD	7-16	1979	AM
	ESS	FC 50	RTHPLACE (STATE OR REIGN COUNTRY)		b. CITIZEN OF WH		8. MARR	ED NEVER MARR	RED - 9. STIME	ORE CITY OR COU	TY OF DEATH	
	Z = v 3		Maryland TY OR TOWN OF DE		U.S	·A . PITAL, NURSING HOM	WIDOW			ce ()eng	19 × 10 05 01 11	MD.
	DELAY IS TO THE TO THE PAGE BE FILED.		Laurel		19 Post	Office A	ve.	EK INSTITUTION	FOR MOST OF WORK Secret	ATION (TYPE OF WORK ING LIFE) ATY	12b. KIND OF BUS OR INDUSTR Lawyer	RY
	C SEPASY	130. S		P.G.		residence before admiss 13c. CITY OR TOWN Laurel	ION)	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRES	t Office	e Ave. #	‡201
	MD. 2 ATH. IF S 1, 2, PM 3. VD 2 SI	14, F/	THER'S NAME		MIDDLE	. LAST		15. MOTHER'S MAIDE	NAME	DDLE ,*	LAST	7,100
	ORE, ME		Eílis	P	•	Whitfiel		Emily		4.2	Worgan	1
	BALTIMORE, MD. 2120 JRS AFTER DEATH. IF AN GIVE PAGES 1, 2, AND WITH FORM PM 3, RET PAGES 1 AND 2 SHOU DIVISION OF VITAL RECO	16a. V	VAS DECEASED EVER S.MO, OR UNKNOWN) NO •	(IF YES, GIVE WA	ED FORCES? AR OR DATES)	173-16-8		Ray A.	Sahmid+	ADDRESS	n #12	
	BALTIMO URS AFTER 8. GIVE PA WITH FOR T. PAGES 1 DIVISION			11.75			207	Ray A.	SCHUTAL	same a	AS #13	IN CRE BOYAL
	ON ST., I 24 HOU ITEM 18. LONG V PERMIT. SIENE, D		PART I DEATH W	AS CAUSED E	3Y: //	for (a), (b), and (c).)	tre.	Chidado	incular o	lucane	BETWEEN ONSET	AND DEATH
	301 W. PRESTON ST., CUTED WITHIN 24 HOU. IN PENCIL IN ITEM 18 I. EXAMINER ALONG " PRAILTRANSIT PERMIT I. OR REMOVAL.		4093	IMMEDIATE	CAUSE (0)	AS A CONSEQUENCE						
	AL HIN		Canditians, if	any, which	(b)							
	301 W. PRESTO UTED WITHIN S IN PENCIL IN IN EXAMINER ALL RIAL-TRANSIT P MENTAL HYG OR REMOVAL.	12	cause (a) stating	g the under-	< ' /	AS A CONSEQUENCE	OF					
	S, 301 W. PRES EECUTED WITH! AL EXAMINER. BURIAL-TRANS! ND MENTAL H NN, OR REMOV.				(c)							
	TAL RECORDS, 30 HOULD BE EXECUTOR "IN THE MEDICAL ET USED AS A BURLO FREATH AND IN CREMATION, O	NO	PART 2 OTNER SIGNIFICAN	IT CONDITIONS <u>Co</u>	NTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERA	IINAL OISEASI	E OR CONDITION GIVEN IN PA	RT 1 (o).			
	SED SED CREA	CERTIFICATION	190. DATE OF OPERA	ATION	19b. CONDIT	ION FOR WHICH OPER	RATION W	'AS PERFORMED?			20. AUTOPSY?	
	VITAL R SHOUL ORD "PI CHIEF BE USED IT OF HE RIAL, CR	FIE		65.446							YES 🗆	NO [
	DIVISION OF VITAL RECORDS, S. CERTIFICATE SHOULD BE EXER RITING THE WORD "PENDING" ROED TO THE CHIEF MEDICAL ES 3 SHOULD BE USED AS A BU E DEPARTMENT OF HEATH AND I PRIOR TO BURIAL, CREMATION		210 EXTERNAL CAU UNDERLYING CONTRIBUTING		21b. TIME OF HOUR A.M ATH P.M	MONTH DAY YEAR		OW INJURY OCCURRE	D (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR I	'ART 2)	
	CERTING TING 3 SH DEPA	MEDICAL	21d. INJURY OCCUR			OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	CITY OR TOW	/N C	OUNTY	STATE
	SO A A W HI	1	AT WORK AT W									
	FOR FOR PLES		22a. I certify that	I taak charge	of the remains des	cribed abave, held an	Autap	sy , Inspection	n , Inquiry	, and in my	pinian	
	EXAMINE CERTIFICA JUD BE FO DIRECTOR WITH THE ARYLAND,		death resulted fram	n: Natural	caures .	Accident , Su	icide	, Hamicide .	Undetermined ma	nner,		
	CER CER DUID DIR WARN	3	ACTUAL /	Yesses 2	5 XX	dreine!		Deputy		DATI	7-10.	-76
	SHO SHO		SIGNATURE	11		118	M	. Б. орасу	MEDICAL EXAM	INER SIGN	IED	1
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE A SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH THE BALTIMORE, MARYLAN		EXAMINER'S NAME (TYPE OR PRINT)	Mugust	to P. Roc	iriguez, M.D		ADDRESS 5009 R	ayburn Ct	Camp Sp	rings Md.	2003
AlA	PAG TAR	23o.B	JRIAL, CREMATION, F Cremati	REMOVAL 236	DATE 7/11/79	23c. NAME OF CE	ALETE DV O		1234 LOCATION		Virgin	ATE
010	DHMH-17 20M 1/73	24. F	JNERAL DIRECTOR	TYTE !		•			REC'D. BY REGISTRA	256. REGISTRAR'S	SIGNATURE	
	(VR A15 ME (5))	F	CECK LAU 601 Sand	REL FI	INERAPRESS	HOME, INC	Md.	20810 Jl	JL 1 3 1979	profo	y Mc Creed	7
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2n DATE OF DEATH 26 HOUR (TYPE OR PRINT) 3 SEX 0.2 (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Wash. D.C. WIDOWED DIVORCED [1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Grocerv 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? BRANCH AVE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Charles G. Schultz Gertrude Brown ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Emma Schultz same as 13 a-e no 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), on PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., 8 Mis IMMEDIATE CAUSE IS DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2-OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 201 IF YES, WERE FINDINGS USED ď INCERTIFYING CAUSES OF DEATH? YES NO YES [ental Hygie 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. ind that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death DEGREE 22h SIGNATE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR STAFF PHYSICIAN [MPORTANT should be with the S R.A. Mc Connaughy 5620 St. Barnabas Rd., Marlow Hgts. 23¢ NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Cl'Inton, P. Gunt, Md. (SPECIFY) Resurrection Burial 250. DATE REC'D. BY PECISTRAR 256. BY STANDES STANDARS 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 JUI 6 , Wlinton, Maryland (VRA 15 (4)) uneral Home

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DEPARTMENT OF HEALTH AND MENTAL HYGJENE

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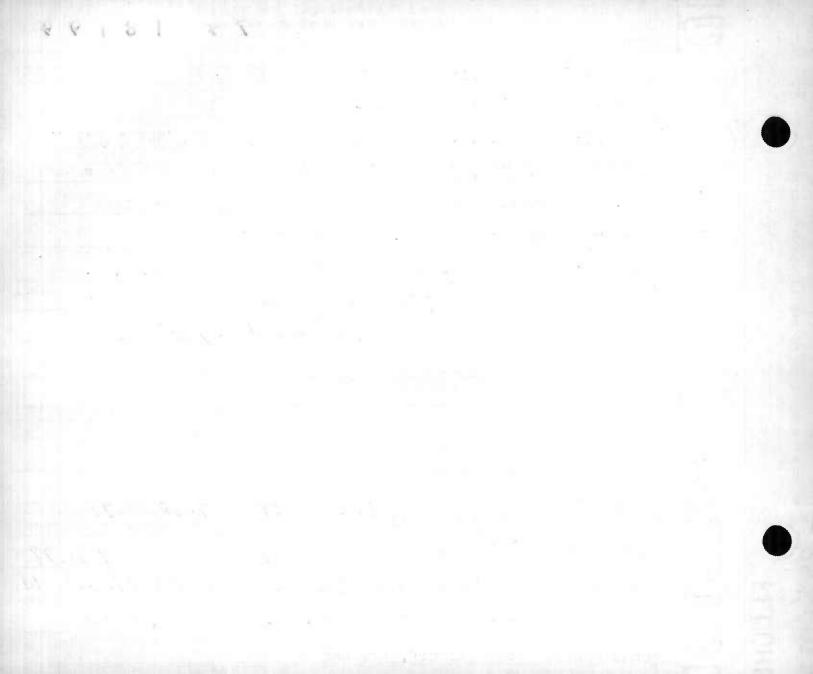
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LANGE OF STREET STREET, STREET

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



uneral Home, Inc.

Old Alexander Ferry Rd. Clinton, Md.

DHMH - 16 60M 1/75

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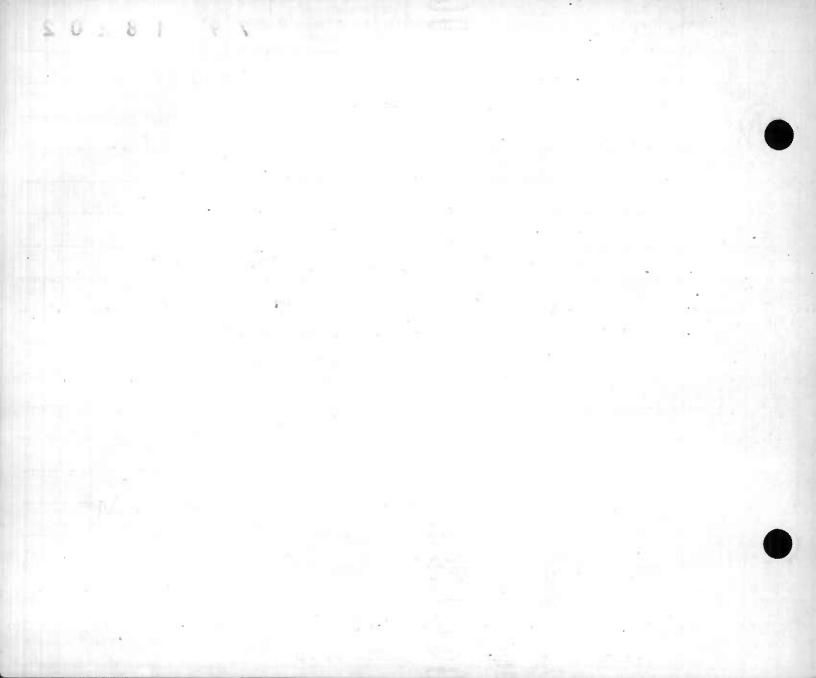
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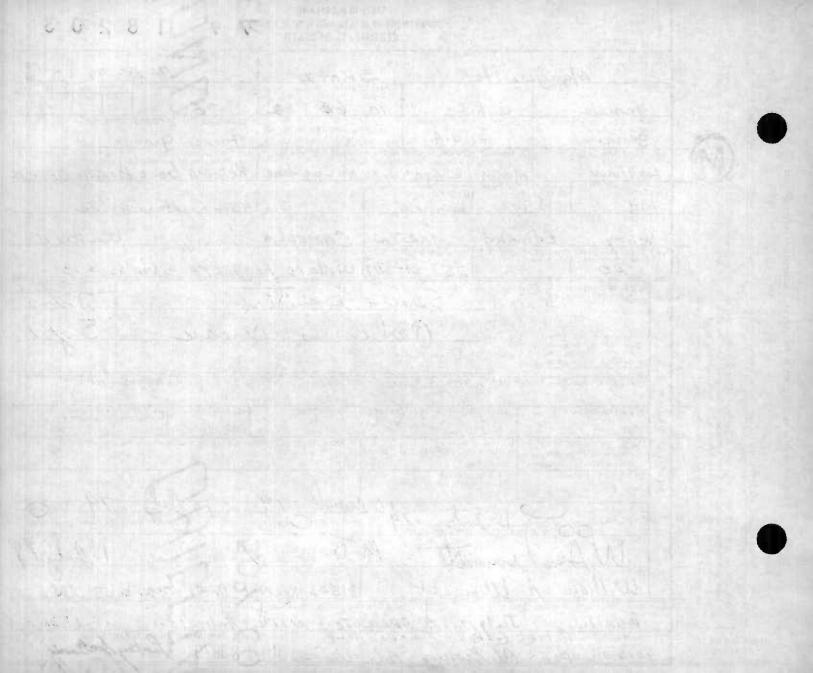
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



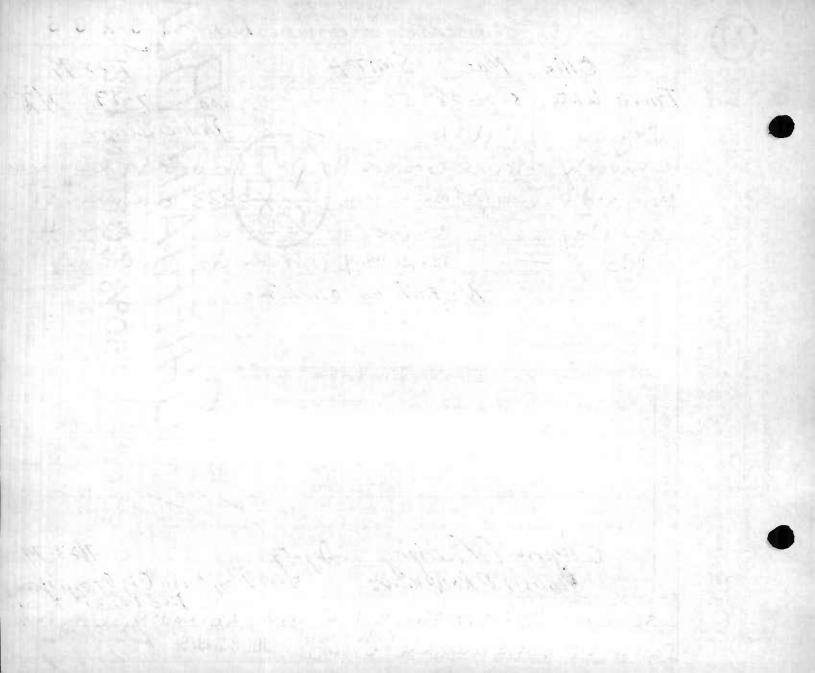
	STATE OF MARYLAND	
	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENT 9 1 8 2 0 3	
	REG. NO. 1 DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR	_
ath 3	(TYPE OR PRINT) 11 7 15 79 250	
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Dept.	DEGREE ATTENDING MEDICAL STAFF	d
- 0	PHYSICIAN DIRECTOR PHYSICIAN	7
of the State	226. PHYSICIAN'S NAME (1176 DAYANT) 226. ADDRESS	
with the State	William A. Wimsatt 8150 LAKECREST Dr. #1 Greenbelt, Md.	
- 3 ≥	236. BURIAL, CREMATION, REMOVAL 236, DATE 236, NAME OF CEMETERY OR CREMATORY 236 LOCATION	
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50M7/77	24. FUNERAL DIRECTOR ROBERT G. BEAL FULL RAL HOME 250. DATE REC'D. BY RECUSTRAR 256. POGISTRAR'S SIGNATURE	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH 2h HOUR OF ESTI-DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 1/28/67 12 YPS DEAD 76. CITIZEN OF WHAT COUNTRY? RTHPLACE (STATE OR & BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Ohio WIDOWED 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Student None SHOULD # RECORD 13b. COUNTY CITY OR TOWN 13e. STREET ADDRESS 13a. STATE 13d. INSIDE CITY LIMITS? YES [NO K VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE AND Wilcher Anne OF 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS DIVISION (IF YES, GIVE WAR OR DATES) PAGES 219-90-3946 James V. Smith Sr. Same as #13 None 18. CAUSE OF DEATH (Enter anly ane cause per lige for (a), (b), and (c). PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 4 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES [] DEPARTMENT O 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR BLUHEEL TRAIL BIKE MEDICAL 7.1/3 P.M CONTRIBUTING CAUSE OF DEATH 21e, PLACE OF INJURY (AT HOME. 211, LOCATION 21d INJURY OCCURRED WHILE AT WORK STATE EET (GRAVEL 220. I certify that I took charge of the remains described above, held are Autopsy Inspection and in my apinian death resulted fram: Natural causes Accident Hamicide Undetermined manner ATTALE (SPECIEY) R DEATH, MEDICAL EXAMINER EXAMINER'S NAME AFTER I (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION SPECIFY) Clinton, P.G. Maryland Resurection Cemetery Burial 250. DATE REC'D. BY REGISTRAR 1256. BESISTRAR'S SON ATURE of 33 Old Alexander Ferry Rd. Clinton Md. DHMH - 17 (VR A15 ME (5)) 30M 7/73

Anna Vileber 279-SI-1946 June V. Krath St. Sume as will al stille a line of a modern octor to the second octor and a second octor and a second octor and a second octor

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN 26. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED DOPPAD PRESTON BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED 3 FILED. OR COWN OF DEATH TYPE OF WORK 1126. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY BE G HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE MIL COUNTY 13e. STREET_ADDRESS 13d. INSIDE COY LIMITS? Kainler VITAL 14. FATHER'S NAME MIDDLE FIRST MIDDLE AND OF 160. WAS DECEASED EVER INFORMANT **ADDRESS** INU.S. ARMED FORCES? DIVISION (YES, NO. ORWINKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (a) BETWEEN ONSET AND DEATH AL EXAMINER ALONG V BURIAL-TRANSIT PERMIT. PART I DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 301 W. PRESTON ST. IMMEDIATE CAUSE (a) MENTAL HYGIE DUE TO, OR AS A CONSEQUENCE OF OR REMOVAL Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL. YES [NO [BE DEPARTMENT 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR OR UNDERLYING PRIOR TO. MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION ARDED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: 1
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TO FUNERAL DIRECTOR: P
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8ALTIMORE, MARYLAND, 21: 220. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion death resulted fram: Natural coures Accident Suicide Hamicide Undetermined monner (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DAJE 23c. NAME OF CEMETER 250. DATE REC'D. BY REGISTRAR Sh. REGISTRAP'S SIGN DHMH-17 20M 1/73 24 FUNERAL DIRECTOR (VR A15 ME (5))



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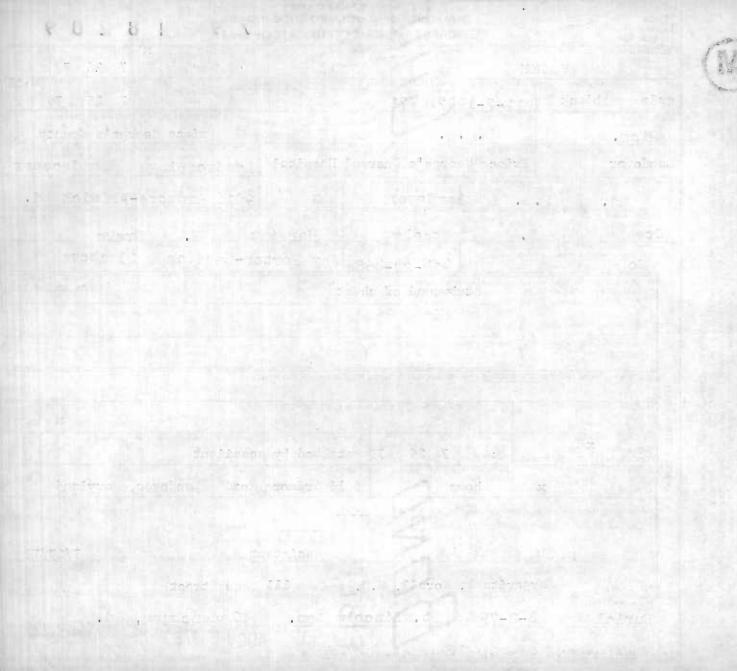
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIDST 2a DATE OF DEATH (TYPE OR PRINT) 79 9:00A.M CHARLES ROBERT STEDMAN 07 09 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR MONTH HOURS Male Caucasian 09 14 15 O BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S.A. Prince Georges 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Southern Maryland Hospital Center INDUSTRY Clinton D.C. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Gov't JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Md. 7201 Milligan Road Pr. Georges Clinton YES X IL FATHERS NAME IS MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Ralph Stedman Clara Beard 160 WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes WIN 577-58-7618 Elsie Stedman Same as 13 a-e 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY northe IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which ATCINOMA MONTH gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION DIAhetei Hellotus 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE 220.1 certify that (1) (this baspital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF should be deto with the State IMPORTANT: I DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Brandywine, Waldorf Medical Center Thomas L. Fieldson. 230. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 7/10/79 Lee's Crematorium Washington, District Col. Cremation Olianes F. Bells 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 (VR A 15 (4)) Home, Clinton, Maryland ee Funeral

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME S DATE KNOWN MONTH YEAR 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 1079 VERNON STEELE 26 4 RACE S DATE OF BIRTH A AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 79 H2 I 26. DATE LAST BIRTHDAY) PRONOUNCED ma le black 11-7-1907 DEAD 26 10 79 P_{M} 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 76. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Prince George's County Miss. DIVORCED FILED, 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK Landscaping Prince George's Gnereal Hospital Landover Landscaper SHOULD BE P USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13g. STATE 1136 COUNTY 13c. CITY OR TOWN DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201 Ardmore-Ardwick Rd. andover 9016 P.G. Md. NO [OF VITAL 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST. Steele Joe Harriet FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO Jay Porter-Same as # 13 above 414-20-4688 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY: Stabwound of chest BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. MEDICAL PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. K CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, YES X DEPARTMENT 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART 1 OR PART 2) UNDERLYING stabbed by assailant CONTRIBUTING CAUSE OF DEATH PRIOR 21f LOCATION 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED home 9016 Ardmore Road Landover, Maryland WHILE NOT WHILE TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213 X 22a. I certify that I took charge of the remains described above, held an Inspection and in my apinian Homicide X death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7/27/79 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street TYPE OR PRINT 23a BURIAL CREMATION REMOVAL 23b. DATE 234 NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 8-2-79 Ft. Lincoln Cem. Bladensburg, Md. Burial 24. FUNERAL DIRECTOR 250. DATE RECID BY REGISTAAR 356. REGISTS **DHMH - 17** (VR A15 ME (5) S. WASHINGTON & SONS 4926 BURROUGHS AVE. N.E. 15M 7/76



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NO A 802 YUMA ST. S.E.
S MAIDEN NAME MIDDLE JOYNER
ANT ADDRESS LANDOVER, Md. ARA GREER 2201 COLUMBIA PL.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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CCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
CITY OR TOWN COUNTY STATE
Inspection , Inquiry , ond in my opinion le , Undetermined manner . DATE 7-23-79
G ALL

KONDERN STREETIND AND BURGES - NEXT SING OF A SHELL OF THE RESERVE STANDED BY Micheller William Server Welland Chine TO STATE OF THE ST 577-28-9140 RANGERS 2201 COLUMNS FE. Marker and bearing the said the said of the said of the said SECTION TO THE THE THE THE TANK OF THE TAN A. W. CHARRES CO. 517 11th St. S.E. MARLD.C. JEE V. S. S. . . .

		MARYLAND STATE DEPARTMENT OF HEALTH	The second second
1 12	-	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND 2128	2 2
1		CERTIFICATE OF DEATH	21
· · · · · ·		DECEASED-NAME First Middle Last 2a. DATE OF DEATH	2b. HOUR
eath and ant	(Type or print) EARL FRANCIS TEDESCO Month Doy 7 13	Yeor F. IKAM
- (A-A-)	3. S		IF UNDER 1 YEAR IF UNDER 24 HRS.
€ (JA€)	0. 3	MALE WHITE 12-4-1886 last bighday) YRS.	MONTHS DAYS HOURS MIN
SI SI	70		
PHYSICIAN: The law requires that the death certificote be executed within 24 hours after death the hospital ar ottending physician. The interest is certificate has been signed by the attending physician and campletely filled in by the interest permit. Then please remave carbon papers. Hage in and 2 Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hour effects the	cau	ITALY XXXXXXXXXX USA WIDOWED DIVORCED PR. GEO. CO.	Md.
illec par hin	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
one executed within 24 n. and campletely filled in remave carbon papers. in any event, within 72 h		LANHAM give street address) MAGNOLIA GARDENS N.H. during most of warking life, even if retired.) BLACKSMITH	HOUSTRY T.
ed plet car	130.	. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	010.0
am am	67	NOTATION STATE MARY LAND 13b. COUNTY PR. GEO. ADELPHI YES NO 6914 23 1	TACE
ond cond cond cond cond cond cond cond c	14.	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
be n ar din din			ROBERTIELLO
equires that the death certificote be physician. signed by the attending physician countries. Then please burial, crematian, ar removal, and it		NAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) Address Address	17
tific hys		Yes, no, or unknown) (If yes give war or dates of service) 199-09-5980 A MEDELL PREZZI, 6914 28=P1.	ADELPHI, MD.
The The		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne death cei attending p permit. The		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio pulmonary arrest	
de de erm		4281 DUE TO, OR AS A CONSEQUENCE OF	
the chit particular	Н	Conditions, if ony, which gove) Projamon 1 a . Dalandon 1	
s that t cian. d by the transit		nse to immediate cause (a), stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
quires that th physician. signed by the burial-transit p		lost. (c) C.C.F. C.D.P.D	
physic physic signed burial		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
The law requires th ottending physician has been signed by se as the burial-tra h priar to burial, cre		C. 71. 1D	
ar the	TON	19a, DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
the law rotending has been se as the h priar to	CERTIFICATION	YES NO CAUSES OF DEATH?	
ar of the holes	CERT	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, 1	tem 18)
I He for the		TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day Year	10.11
Spirit sp	MEDICAL	(If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	Caunty State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health priar to	100	21d. INJURY OCCURRED While Not while at wark at wark	County
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OR. auld	П	couses stoted obove, (I) (we) (did not) view the body ofter deoth.	Carles Topice
OR ATTENDIN be retained by JIRECTOR: Afte le 3 shauld be ed with the Sta	F	22b. SIGNATURE ATTENDING MED. STAFF 22c. T	DATE SIGNED
OR be ra	1	DEGREE PHYS. LY DIRECTOR LY PHYS. LY	13/79
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HO FUR Fou	230	D. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
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VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR FRANCIS J. COLLINSADDRESS 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901 DATE JUL 1 7 1070	SIGNATURE
30M REV. 1/68		300 UNIV.BLVD., W., SILVER SPRING, MD. 20901 DATE JUL 1 7 1976	WAR.

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	STATE OF MARY
FOR	DEPARTMENT OF HEALTH AND
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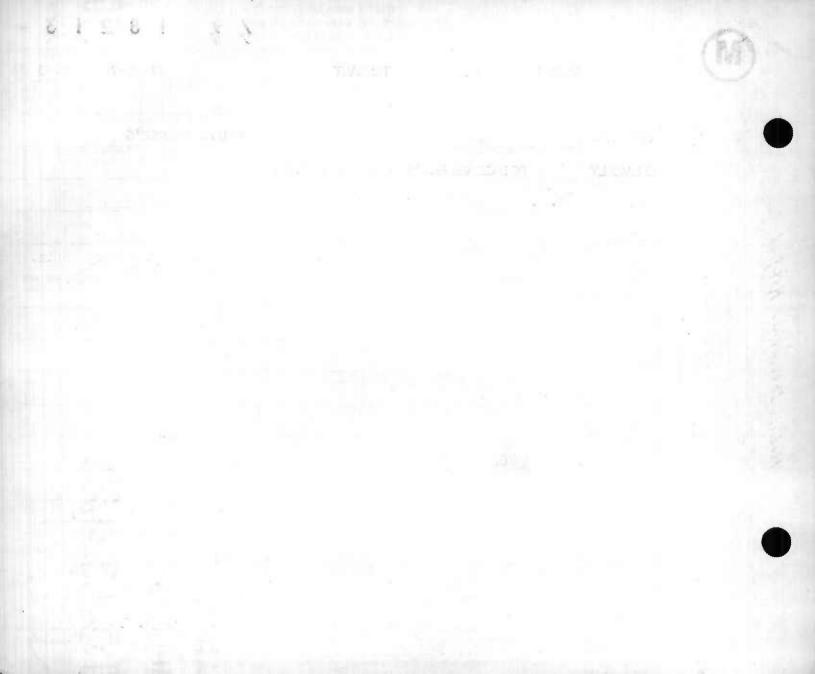
LAND MENTAL HYGIENE CERTIFICATE OF DEATH

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l L		REGISTRAR									REG. NO).				4
		CEASED NAME OR PRINT)	FIRST		WIDOLE		LAST			20 DATE OF	DEATH	нтиом		YEAR	2b. HOU	-
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9	MEDICAL CE	216. ACCIDENT WAS LOT CONTRIBUTING [(IF EITHER, NOTIFY MED 216. INJURY OCCU	CAUSE OF DEADICAL EXAMINER)	TH LIOUR 210 PLACE	OF INJURY A.M. MONTH A.M. T E.OF INJURY STREET, FACTORY, O	9	YEAR 19	THE LOCATE		RED (ENTER NAT	CITY OR TOW		PART LORI		ST	ATE
	2	AT WORK AT	WHILE WORK	(Altrone,	JIREET, FACTORY, O	77 N.E. 7 AKM	1			A						
		270 I certify that sow the dece above, (I) (we	osed olive on		rly	19 7	1	that in (my) (our) opinion	death occurred	d on the do	tel and ha		om the		
		276. SIGNATURE	mi	ano			λ	1.0.		MEDICAL DIRECTOR [STAF	F IAN []	276	TAI	SIGNED 0/7	9
1		ASWN	cion	, M	. Son		10	110	Cape	ital	Hats	- NE	lvd	11/5	tyti	5.1
	23a. B	URIAL, CREMATION SPECERS Burial	N, REMOVAL	7-13	-79	Was			CREMATORY Cem.	23d LOCA CITY OF	land	ם ו	COUNTY	M	STA	TE
A 7B		Funera	Robt	E Wil	helm	430	8 Su	itlar , Md.	1d 250. DA	TE REC'D. BY RE		_	The second second	Account of the Asset	HE CL	ody

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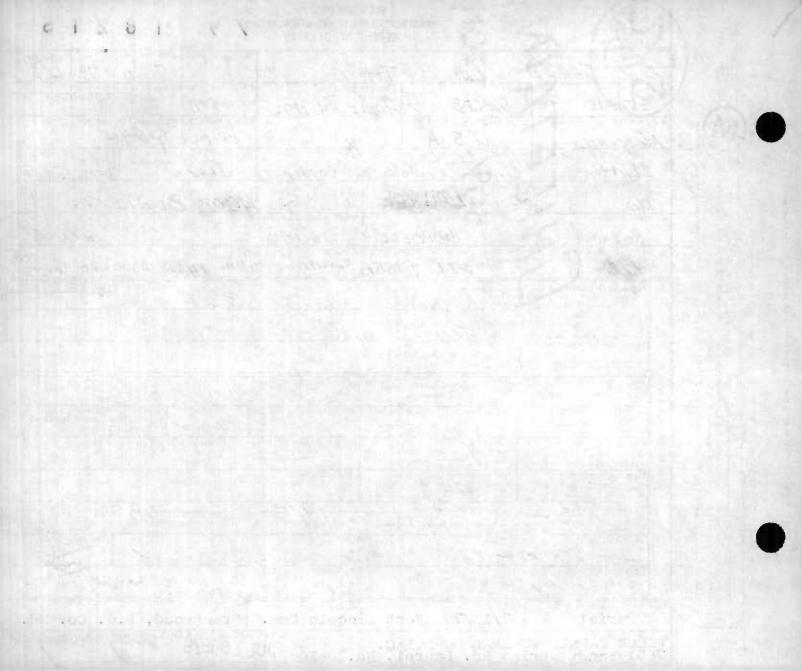
TO FUNERAL DIRECTOR, After



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-120 De DEATH MATED 24 HOUR 6. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED MAR. 30,188 DEAD 70. BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED FOREIGN COUNTRY) U.S.A. VIRGINIA WIDOWED L DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) DUPONT HEIGHTS DOMESTIC USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, 13d INSIDE CITY HMITS? 13. STREET ADDRESS pauteluce 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 0 FIRS? MIDDLE LAST MIDDLE LAST OK VIT UNKNOWN UNKNOWN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT dupont hts..md. LIF YES, GIVE WAR OR DATES NO 577 82 2849 ENMON THACKER 1907 Spaulding Avenue 18 CAUSE OF DEATH (Enter only one couse per lige for (o), (b), and (c), APPROXIMATE INTERVAL leix seles tre Carlielles cular disease PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 4 CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? 9 DEPARTMENT OF PRIOR TO BURIAL YES NO 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21: 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Notural causes Homicide Undetermined monner TITLE (SPECIFY) Deputy MEDICAL EXAMINER Augusto P. Rodriguez, M.D. EXAMINER'S NAME 5009 Rayburn Ct., Camp Springs, Md. 20031 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE "SUITLAND. MD". LINCOLN MEMORIAL 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** 4339 HUNTREPLACE, N. E (VR A15 ME (5)) 15M7/77

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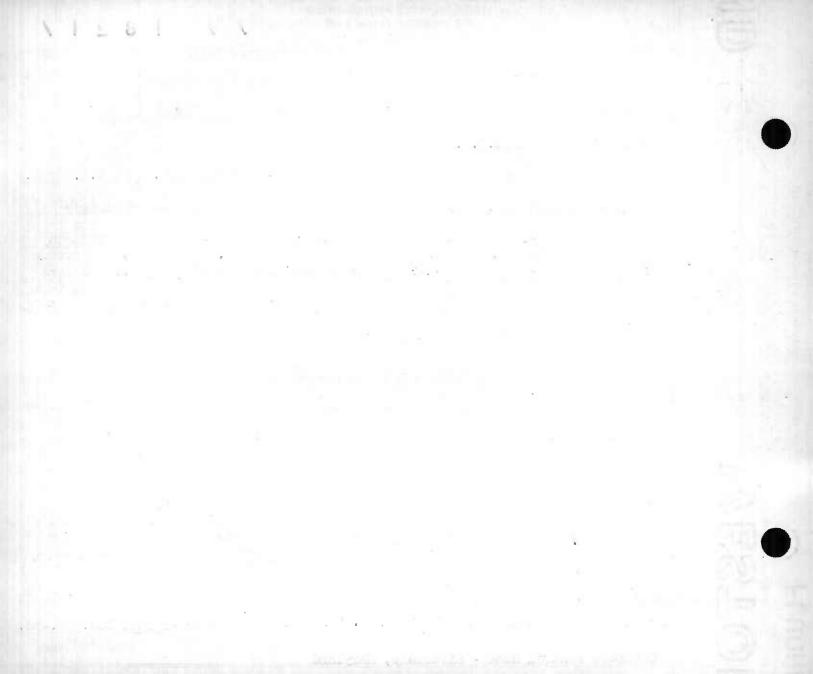
	V			STATE O	F MARYLAND			
	1.	FOR STATE REGISTRAR	DEP		ATE OF DEATH	REG. NO.	821	5
		CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH MON	TH DAY YEAR	2b. HOUR
be so	(1117)	SARAH	ANN	T+101	n	7	11 79	120 M
e od s	3. SE	4 1	RACE	5 DATE OF E	BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
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<u>ا 20 ق</u>	1	ARYLAND	4.5 A	WIDOWED	DIVORCED [PRINCE 9		MD.
16 Orified		TY ON TOWN OF DEATH	11. NAME OF HOSPITAL, NU LIFNOT IN SUCH FACILITY, GIVES	STREET ADDRESS)	OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
2/1/	_	Clinton AL RESIDENCE (IF NURSING HOME OR		valescen	Ttenter	CLERK	DEPT.	STORF
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Mamine (1)	14 FA	ROBERT M	IDDLE CAMO	DA = 1 1	S. MOTHER'S MAIDEN NA EIRST LAURA	WE	S IAS	WCER
00	16e V	VAS DECEASED EVER IN U.S. ARA		SECURITY NO. 17	INFORMANT	ADDRESS	3/6	0
medic	()	ES, NO OF THOWN) (IF YES, GIVE	WAR OR DATES) 5770	7 1556	CATHERINE -	THOM 14603	BOWIERD	LAUNEL.
the		18 CAUSE OF DEATH (Enter onl	v one couse per line for (a). (b		les les		APPROXI	MATE INTERVAL ONSET AND DEATH
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	2	5170	DUE TO, OR AS A CONS	FOUR INCE OF	1			
troumotic		Conditions, if any, which	(16) Giver		ility.			
other tr		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	EOUENCE OF	J			
		underlying couse lost.	(c)					
Ury,	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE OR CONDITH	ON GIVEN IN PART 10	3)
_	ATIO	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION V	WAS PERFORMED	200 AUTOPSY? 20	b. IF YES, WERE FINDIN	VGS LISED
2	IFIC						CERTIFYING CAUSES	
0	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		TE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN		
Hem 18		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR				
ā	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, EACTORY, OF	2	If. LOCATION	CITY OR TOWN	COUNTY	STATE
norked Porked	2	WHILE NOT WHILE AT WORK	TAL HOME, STREET, EACTORY, OF	FICE, FARM, ETC.)	V18661	CITORIOWN	COUNT	STATE
S TIC		220.1 certify that (1) (this haspit			4,27,1979	, to	7,11,1979	that (1) (we) lost
21	119	sow the deceased olive on obove, (I) (we) (did) (did not	view the body after death	1979 . ond t	that in (my) (dur) opinion	death occurred an the date of	and hour and from the	causes stated
hem		22b. SIGNATURE		DEC	GREE		22C DATE	SIGNED
IMPORTANT: IF IN			nali	M.I	PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	F	
1	1	22d. PHYSICIAN'S NAME LITTE OR		1 /	2e ADDRESS	1.1- 100-100	water.	10-21
APO.		m. Neman	, M.D.	, , , , , , , , , , , , , , , , , , ,	+532-581M	MOSTAGIN.	acopus.	MY 7007
≥	23o. E	URIAL, CREMATION, REMOVAL	23b. DATE		ETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
_		Burial			ncoln Cem.	Brentwood		
77	24 E	ECK LAUREL F	UNERAL HOME	S, INC.	25a. DA1	JL 13 1979	Leafay som	Many
	76	01 Sandy Spr	ing Rd. Lau	rel, Md	.20810 J	TT 9 1919		-//



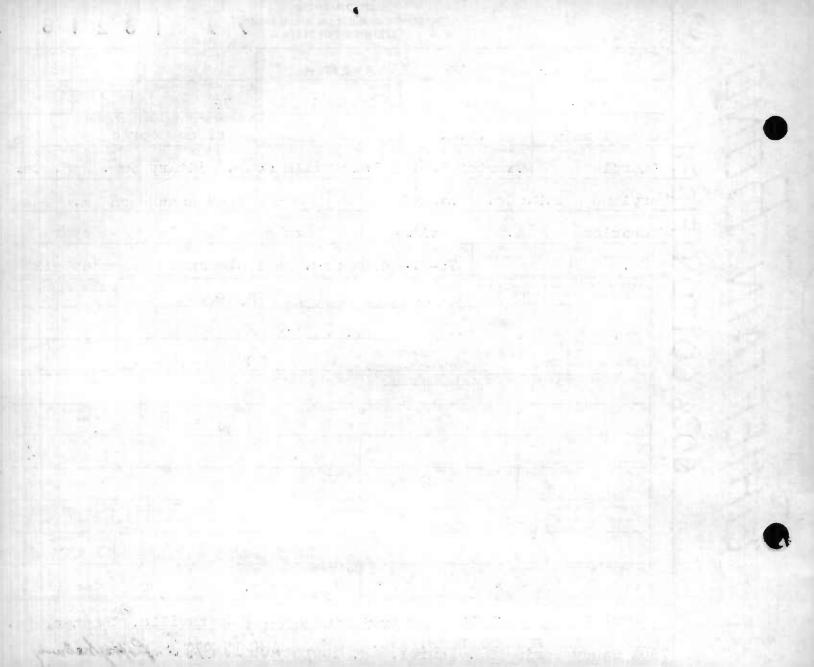
9 3	1.	FOR STATE REGISTRAR		HEALTH AND MENTA NER'S CERTIFICATE		8216
(M)	(TYI	CEASED NAME FIRST CILLY L	s Henry -1	HO NIA'S	20. DATE KNOWN OF ESTI- DEATH MATED	
ARY, 1 DIR YOUR N 72	J. SE	ale Black	5. DATE OF BIRTH 1911 6. AGENY G-/7	(EARS IF UNDER TYR. IF UNIDAY) MONTHS DAYS HOURS	DEAD	7-15 1979 A M
NECESS FUNERA 5 FOR WITHII	FC	IRTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?		ORCED Frince	Y OR COUNTY OF DEATH (?-LOTG!) MD.
DELAY IS NI 3 TO THE FL N PAGE 5 0 BE FILED, V DS, 301 W.	1	LAUREL	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH EACHLITY, GIVE STREET ADDRESS) OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS	STREET	126. USUAL OCCUPATION (FOR MOST OF WORKING LIFE)	(TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Government
. 21201 F. F. AND 317 3. RETAIN SHOULD BE	13a. S	TATE Md. 13h. SOUN		el 13d. INSIDE CITY LIMITY	0 495 8	H STREET
A PATH		TAMES	MIDDLE THOMAS MED FORCES? 166, SOCIAL SECURI	15. MOTHER'S MA FIRST	ARA Thoi	MP SON LAST
, BALTIMORE, OURS AFTER DE 8. GIVE PAGE: WITH FORM T. PAGES 1 AN			WAR OB DATES) 218-05.		ine Thomas	- Same as #13
LI RECORDS, 301 W. PRESTON ST., DUID BE EXECUTED WITHIN 24 HOU. "PENDING" IN PENCIL IN ITEM 18 IEF MEDICAL EXAMINER ALONG" SED AS A BURJAL-TRANSIT PERMIT FREATH AND MENTAL HYGIENE, I CREMATION, OR REMOVAL.		Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last.	(b) DUE TO, OR AS A CONSEQUENCE (c)	OF OF	suler dist	
RECORDS,	ATION	19a DATE OF OPERATION	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER		N PART 1 (a).	20 AUTOPSY?
DIVISION OF VITAL RE S CERTIFICATE SHOULD RITING THE WORD "PE RDED TO THE CHIEF. E BEARTMENT OF HE, I PRIOR TO BURIAL, CRE	AL CERTIFICATION	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA	21c. HOW INJURY OCCU	RRED LENTER NATURE OF INJURY IN ITEM	YES NO
WWW WAN	MEDICAL	CONTRIBUTING CAUSE OF E	21e. PLACE OF INJURY (AT HOME,	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: EXECUTE THE CRRITICATE, PAGE 4 SHOULD BE FOR. TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21			e of the remains described above, held an al causes , Accident , S	Autapsy , Insper vicide , Hamicide M. HE (SPECE)	Undetermined manner MEDICAL EXAMINER	and in my apinian DATE SIGNED 7-15-79
TO MED EXECUTE PAGE 4 TO FUNI AFTER DI	23 a. B	EXAMINER'S NAME (TYPE OR PRINT)	P. POPPULAZ 36 DATE 1231 NAME OF GE	ADDRES 50 C	123d. LOCATION M	to Campagangs
BP	24.F	BURIA!	7-20-79 Md. Na	H Mem, PK	TE REC'D. BY REGISTRAR 256/RE	PY GEO Md.
(VR A15 ME (5)) 15M 7/77	6	eorge R. Sn	owder Rocki	ille, Md.	JUL 1 9 1979	hosteding

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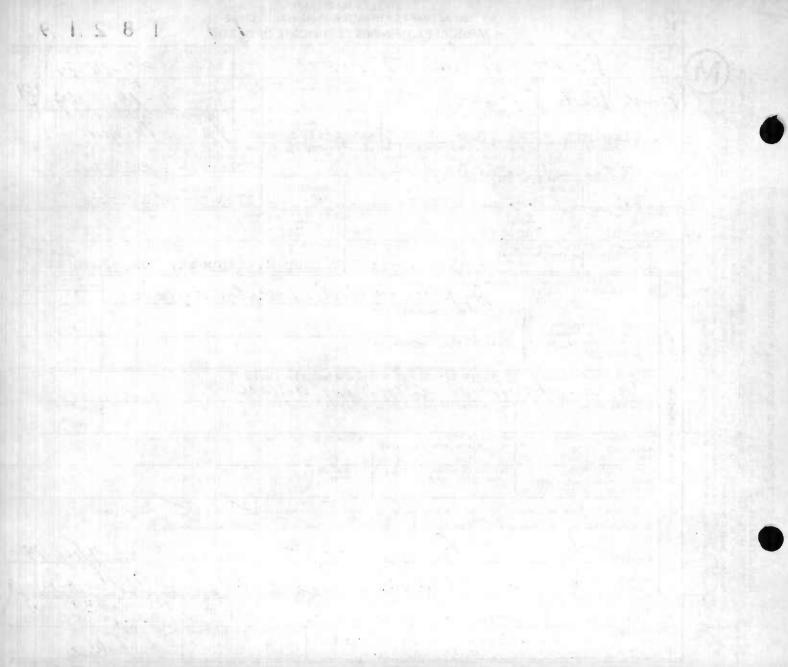
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(VR A 15 (4))



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	Y, PLEA	3. SE)	male lish	7,	S. DATE OF BIRTH	YEAR JAST MITHO	AY) MONTH	DER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	7-14	DAY YEAR 24 HOUR
	SARY ALD YOU STON	70 BI	RTHPLACE (STATE OR	221	76. CITIZEN OF WH	/	1		1 BALHMORE	CITY OF COUNT	Y OF DEATH
	NECESSARY, PRUNERAL DIRECTOR S FOR YOUR, WITHIN 72 HV. PRESTON	FO	REIGN COUNTRY)					ED NEVER MARRI	ED 📙 🗸	Thene	
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	PAGE 5 FILED, 301 W				(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS)			FOR MOST OF WORKING	LIFE)	OR INDUSTRY
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10	AND 3 TO RETAIN HOUID 8 RECORDS	13a. S	TATE	136. COUNTY	Υ	13c. CITY OR TOWN			13e. STREET ADDRESS		
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	I . 70 4	14. F/	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE	N NAME MIDDLE	(2)	LAST
H,	COES 1		oseph		hepper			Zona		G.	?
BALTIMORE, MD.	~ 20 _	16a. V	VAS DECEASED EVER	(IF YES, GIVE W		166. SOCIAL SECURIT		17. INFORMANT		DDRESS	Above
ET.	URS AFTER		No			578-20-5	387	Wilbur G	. Tippett	, Son, S	Same as
			18. CAUSE OF DEAT	H (Enter only	one cause per line,	for (a), (b), and (c).)		1 - 1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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- N	HIEF / HEF / USED OF HE/L, CRE.	SAT	19a. DATE OF OPERA	TION	196. CONDIT	ION FOR WHICH OPER	RATIONW	ASPERFORMED?			20. AUTOPSY?
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ā	WARDED WARDED PAGE 3 STATE DEP	2	WHILE NOT	ORK	JIREET, FACT	OKT, FARM, ETC.)		, INCL	CITORIOWN	(00	INIT SIMILE
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	TO MEDICAL EXAMENEE EXECUTE THE CERT PAGE 4 SHOULD PAGE 4 SHOULD FOR PUNEAR DIRECT PAGE BALTMORE, MARYL		EXAMINER'S NAME	& Gil	170 P.	CODDICU	67	ADDRESS 200	7 Laypu	mat.	any Spraces
710	EXEC EXEC PAG TO I	23a.B	URIAL, CREMATION, R		· -	23c. NAME OF CE			23d. LOCATION CITY OR TOWN	men	1021/
04/0	BP	(Burial	7	-19-79	Cedar F	Iill	Cem.	Suitland	, P.G.,	Maryland
	DHMH - 17	24. F	NAME DIRECTOR PO	obt E	Wilhel			INC. DATE	REC'D. BY REGISTRAR 2	Sb. REGISTRAR'S S	IGNATURE
	(VR A15 ME (5)) 30M 7/73	F		ome			MA	JUI 1	7 1979	Entres 100	Creale



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REC. NO. 2					ATE OF MARYLAND			
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WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE	5	Dic.			21f. LOCATION			
		WE	WHILE NOT WHILE			CITY OR TOWN	COUNTY	STATE
	H	1	22a. I certify that I taak charge	af the remains described abave, held a	n Autapsy , Inspection	an , Inquiry ,	and in my apinian	
22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinion			death resulted fram: Natural	caures , Accident ,	Suicide , Hamicide ,	Undetermined manner	,	
death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .			1	100	TITUE SPECIFY)			**
			ACTUAL SIGNATURE SIGNATURE	4 /- Lough	W MD Styl	MEDICAL EXAMINES	SIGNED 7-4-/	7
death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .	4			1 / //		a caramata	3101111	
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220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion	3	77a.81		DATE 23L MAME OF	CEMETERY OF CREMATOR	TH LOCATION A	Krown 1008	6.1
220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion	5	0	Buriel Ou	41-1974 Roses	e Hechileten	Legge Kd.	P. Her. The	d.
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U	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 minr is etoined by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours attended to the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.
AND 2120	n 24 haurs	filled in by hould be file
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ecuted withi	d completely es i and 2 s
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RESTON ST	death certi	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.
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NOF VIEW	O HOSPITAL OR ATTENDING PHYSICIAN: The I etoined by the haspital or attending physician.	vrial-transit Aentol Hygie
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PAIS	,	^				. 3							

1 - STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	9 8 2 2 1
1. DECEASED NAME FIRST (TYPE OR PRINT) WILLIAM	M A.	TODD	20 DATE OF DEATH MONTH DAY YEAR 1:00 A M
3. SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
MALE	WHITE	09 - 26 - 1900	78 MONTHS DAYS HOURS MIN
COUNTRY	76 CITIZEN OF WHAT COUNTRY? UNITED STATES	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGES COUNTY
10 CITY OR TOWN OF DEATH CLINTON, MARYLAND	LIE NOT IN SUCH EACH ITY GIVE STREET	NO HOME OR OTHER INSTITUTION NO HOSPITAL CENTER	Carpencer orking Life) IZB. KIND OF BUSINESS OR
	OTHER INSTITUTION, GIVE RESIDENCE BEFORE COUNTY DISTR. H	GTS. 136 INSIDE CITY LIMITS?	13e STREET ADDRESS 1920 ROCHELLE AVE., APT. 427
Thomas Wal	ter Todd	Nancy	Emma Harkey
160 WAS DECEASED EVER IN U.S. ARI (YES, NO OR UNKNOWN) (1F YES, GIVE	MED FORCES? 166 SOCIAL SECU 579-09-3		odd Same as #13
PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse to istoring the underlying couse lost. PART 2 OTHER SIGNIFICANTS PART 2 OTHER SIGNIFICANTS 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO I 196 CONDITION FOR WHICH 174 HOUR A.M. MONTH D. P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ENCE OF CHA REAL DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19 216. HOW INJURY OCCUR STREET 19 217 218. HOW INJURY OCCUR	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH LISEASE AT A FINE COLOR MINAL DISEASE OR CONDITION GIVEN IN PART 110 AT LISEASE 200 AUTOPSY? YES NO TED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE 10

22d PHYSICIAN'S NAME (TYPE OR PRINT)

Ljubica Kancir-Azer

131 Pincataway

Clieton, Hd

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23c NAME OF CEMETERY OR CREMATORY 23c Cedar Hill Cemetery 23d. LOCATION CITY OR TOWN Y Suitland Maryland

24 FUNERAL DIRECT Robert E Wilhelmore Funeral Home Suitland Maryland

7-24-1979

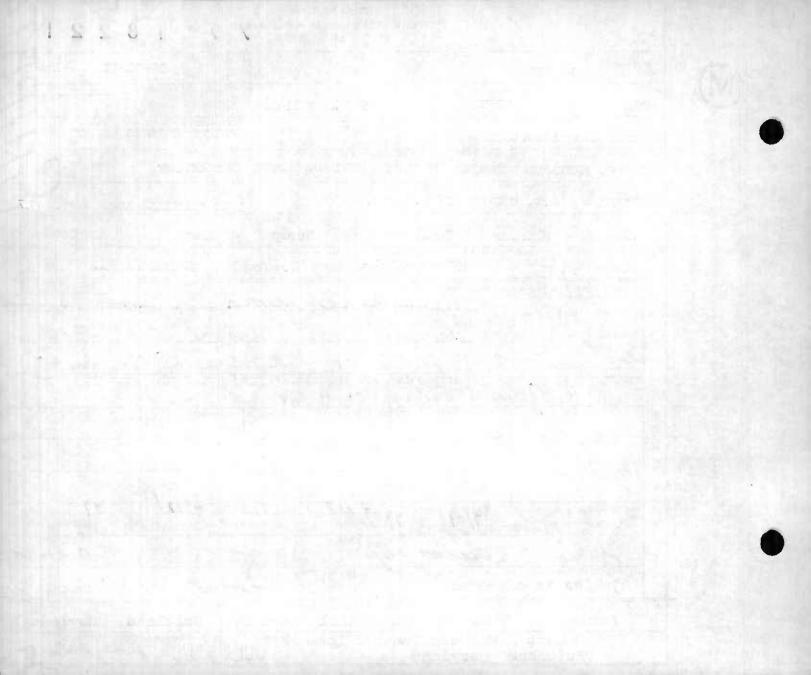
23b. DATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURI.

JUL 2 5 1979

DHMH - 16 60M 1/75 (VRA 15(4))

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather traumatic event, the

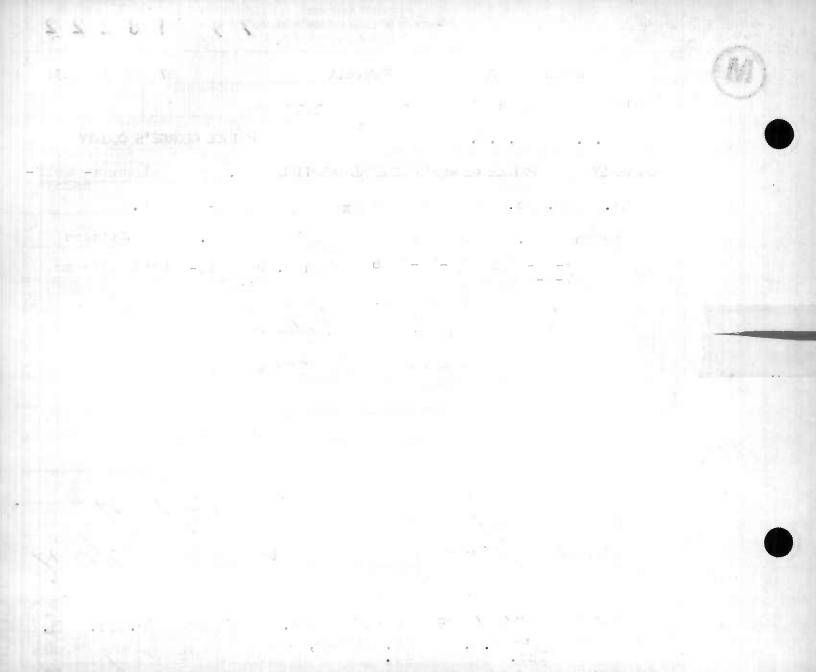


th certificate be executed within 24 hours after dea

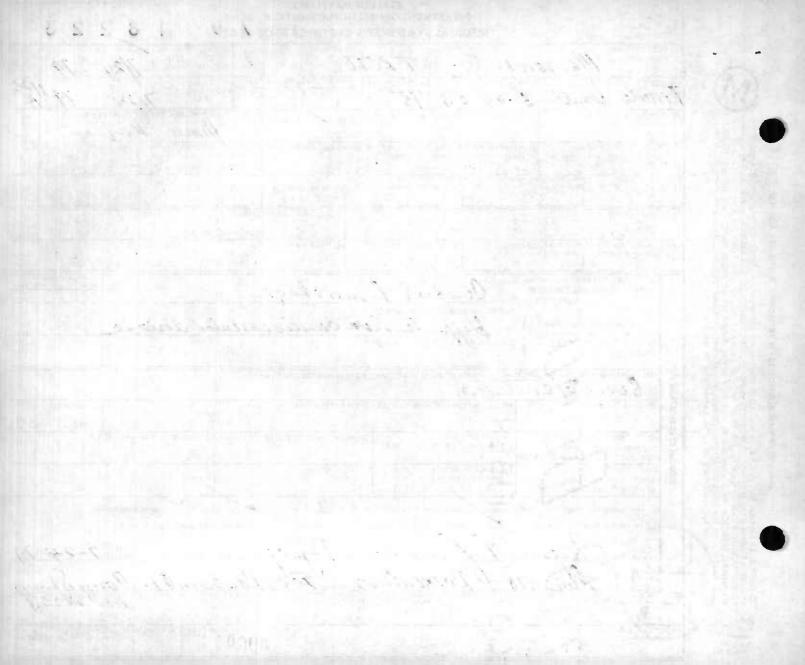
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TO HOSPITAL

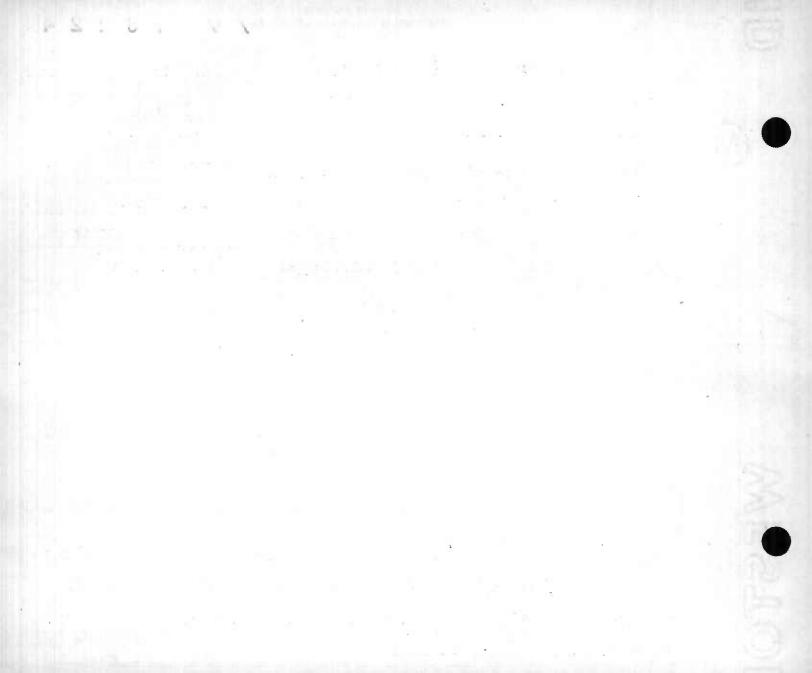
	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		18222
	I DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	NTH DAY YEAR 26 HOUR A
TMA A	JAMES	. A	TRAMMELL		07 08 79 9:31 A
	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE JIN YEARS LAST BIRTHDA	
	Male	Caucasian	3 78 1919	60	MONTHS DAYS HOURS MIN.
or once.	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) D • C •	76 CITIZEN OF WHAT COUNTRY U.S.A.		PRINCE GEOR	
by the full	10 CITY OR TOWN OF DEATH CHEVERLY	PRINCE GEORGE	S GENERAL HOSPITAL	126 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WO	
filled in nould be franks the	USUAL RESIDENCE (IF NURSING HOME OF 136 COU	NTY III CITY OF TO		134 STREET ADDRESS 6622- Ian	Employed St.
completely l and 2 st	14 FATHER'S NAME FIRST Gordon	A. Tramme	15 MOTHER'S MAIDEN NAV	ME	Johnson
Poges medic	160 WAS DECEASED EVER IN U.S. AF		01 04	address rammell- a	bove address
signed by the or ending physicion ben please remove corban popers. To buriol, cremation, or removol. jury, or other troumatic event, the	PART 1. DEATH WAS CAUSI SIMMEDIA Conditions, if ony, which gave rise to immediate cause (o), stating the underlying couse last PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENT OF TO, OR AS A CONSEQUENT OF TO, OR AS A CONSEQUENT OF THE PROPERTY	UNCE OF Juille JENCE OF JUILLE DEATH BUT NOT RELATED TO THE TERM	W11 e)	DN GIVEN IN PART I (0)
hos been to permit T ene prior to ows ony in	190 DATE OF OPERATION 216 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 26	DIL IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
certificate priority and them 18 sh	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH [DAY YEAR	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
offer this orked or	AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	77	CITY OR TOWN	COUNTY STATE
ospital or ospital or d far use it of Heal m 21 is m	sow the deceased alive are		, and that in (my) (aur) apinion of	death occurred on the date	ond hour and from the couses stated
d by the horest per defection of the per detection of the per tangent of the per tangent of the per detection of t	220 SIGNATURE	Hardin's	DEGREE ATTENDING PHYSICIAN 270 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	7/8/79
To FunEra should be de with the Stol	230. BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	1234 LOCATION	
BP	Burial	7/11/1979	Cedar Hill Cem.	Suitland	Pr. Go Md.
DHMH-16 20M (VRA 15, 4) 7/7B	NAME NAME Nalle	y's F.H. ADDRESS	Mt.Rainier, Md.	JUL 1 2 1979	REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF REGISTRAR DECEASED NAME 20. DATE KNOWN 2b HOUR (TYPE OR PRINT) Margare OF ESTI-DEATH MATED IF UNDER 24 HRS DATE PRONOUNCED DEAD TO BIRTHPLACE (STATE OR BACKIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRY) DIVORCED WIDOWED FILED, 301 W 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION TYPE OF WORK 17b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SHOULD BE USUAL RESIDENCE (IF IN WE HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 STATE TIL COUNTY 13d INSIDE CITY LIMITS A 13e STREET ADDRESS YES NO MARAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, FIRST MIDDLE LAST OK WK 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS DIVISION WITH FO (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per lift for (o), (b) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: ENTAL HYGIENE, REMOVAL. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Canditions, if ony, which siva Cardio Vasculor doslare gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED 198 DATE OF CHERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIAL OF YES NO [21e. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE DIRECTOR: 22e. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry ond in my opinion Accident death resulted from: Notural causes Suicide Homicide L Undetermined monner EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, V BALTIMORE, MA SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT 23d. LOCATION 23e BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BP. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** NAM ADDRESS (VR A15 ME (5)) 30M 7/73



(VRA 15, 4) 7/78



DIVISION OF VITAL RECORDS,

NOT WHILE AT WORK 22a.1 certify that (I) This hospital) propoded the deman sow the deceased alive on obove. (1) (we) said (did not view the body after (our opinion death occurred in the dall and hour and from the causes stated d that in (my DEGREE 22s. DATE SIGNED ATTENDING MEDICAL ild be deto the State DIRECTOR PHYSICIAN PHYSICIAN 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL CREMATION, REMOVAL 236 DATE Bufffall 974 Maryland Veterans Cem Cheltenham Pringe Seo 250. DATE REC'D. BY BEGISTRAR III Francis Gasch's Sons Funeral P.A. DHMH - 16 50M 7/77 (VR A 15 (4)) Hvatteville, Maryland

SY SERW CORNER HYSENCE CHEROSEN LEGINER LEGIN THE RESERVE TO SERVE THE PROPERTY OF THE PARTY OF THE PAR STRAMPER SHARE WHILE INCHANGE TO THE The string I relevant televant ten. The tention Prince ten, 181. INL'SOE The Court of the C Evetisville, Savined

oit. the transfer was a second 2000 Parties and the same of t a terrorial equipment to the transfer staff. awigan and arising reduin's cintraction, one comits the firm ! wowin Half-test officer Mobile Alexander or was y woodelf . P. - Cich The entropy of the reference of the sore ag vir S. CHANCHIEN, M.D., P.A 6201 Greenbelt Road, M-17 Cotlege Park, Maryland 20740 one from and aldered bioge-Sanferall , afticatheril.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hou

retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner must be notified of once. FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-1		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	0.		
		CEASED NAME PIRST GETA	ldine '	Daisy		allace		07-06	YEAR 79	26 HOUR 8;00am
	3. SEX	Female		ack		t. 16, 1932	6 AGE (IN YEARS LAST BIRT	YRS.		IF UNDER 24 HRS HOURS MIN
5	CC	RTHPLACE (STATE OR FOREIGN Md.	U.S.A		MARRIE			ges Co	unty	MD.
4		Laurel	reater	Laurel 1	Beltsv	ille Hespital	TYPE OF WORK FOR MOST O	F WORKING LIFE	INDUSTRY	aundry
1	130. 5	TATE Md. 134 COUR	GEO.	134. GITY OR TO	PRE ADMISSION)	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 9065 Ha	rmony L	ane	
30		THER'S NAME William H		LAST		15. MOTHER'S MAIDEN NA	rah Gaither	f to	LA!	
2		VAS DECEASED EVER IN U.S. AR es, no or unknown) (14 yes, givi	MED FORCES? E WAR OR DATES)	214-32-		Karen Jones	(Daughter)L	49 Redcaruel,		d, #102 0810
1	CERTIFICATION	gove rise to immediate cause (ol., stofting the underlying cause lost. PART 2. OTHER SIGNIFICANT (190 DATE OF OPERATION	(c)		DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, W	VERE FINDI	
1	-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	YES PRY IN ITEM 18, PART		NO [
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE	, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
		220. I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATURE		19_		nd that in (my) (our) opinion	101 117		nd from the	that (I) (we) lost couses stated
		22d. PHYSICIAN'S NAME TYPE O	IP POINT)	Par	eligin	ATTENDING PHYSICIAN [MEDICAL STAI		7/	6/79
1		ABOLGHASSEM		D.			EVERLY, MAR	YLAND		
	(:	URIAL, CREMATION, REMOVAL Burial	23b. DATE 7-11-	and the second second		CEMETERY OR CREMATORY Cemetery	23d. LOCATION CITY OF TOWN Laurel, TEREC'D. BY REGISTRAR	Anne Ar		
	24 FI	INFRAL DIRECTOR	0.00 11			1/30 DA	I C RCC D. BT KEGISTKAKI	COD REWED IN A	AMERICA	LUKE

DHMH - 16 50M 7/77 (VR A 15 (4))

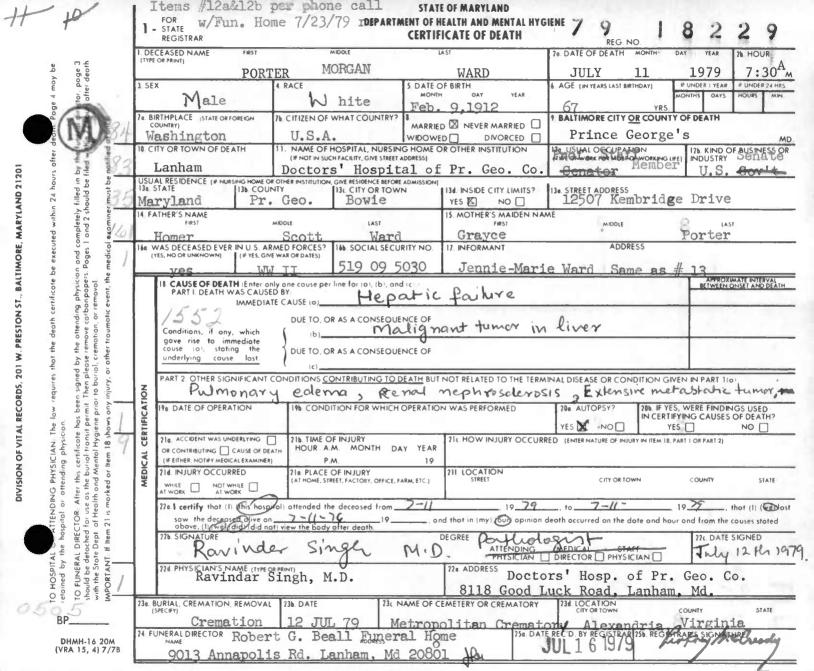
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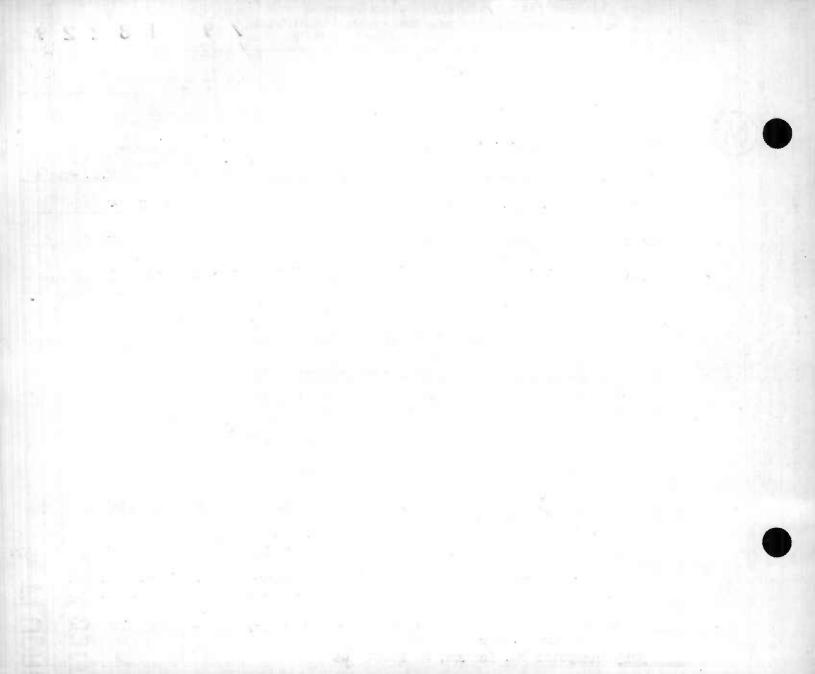
George R. Snowden

246 N. Washington Street Rockville, Md. 20850



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(Daughter) Laruel, Md. 20510	8412 Karen Jones	211-32-		off
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After

PHYSICIAN:

HOSPITAL OR ATTENDING

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should be detached for use with the State Dept. of Heo IMPORTANT: If them 21 is m TO FUNERAL DIRECTOR: the hospital

CERTIFICA

MEDICAL

	FOR STATE REGIS
I. DEC	EASED OR PRINT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE

	SEX FEMALE	4. RACE WHT TE		5 DATE OF	DAY YEAR	6. AGE (IN YEARS LAST		IF UNDER 1 Y		R 24 HRS
-	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8	1, 1906 NEVER MARRIED DIVORCED DIVORCED	Prince G	_			
	O CITY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	G HOME OF	OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS	TION TOF WORKING LIF	12b KIN E) INDUS	D OF BUSIN	IESSC
5	Lanham USUAL RESIDENCE (IF NURSING HOME 38. STATE 136 CO Md.	OR OTHER INSTITUTION.	GIVE RESIDENCE BEFORE 13t. CITY OR TOWI College	Park		Ret. Acct	S		t. Sto	AG
1	4. FATHER'S NAME FIRST George	MIDDLE	Ray		15. MOTHER'S MAIDEN NA FIRST Mary	Agne			last lan	
16	60. WAS DECEASED EVER IN U.S. (YENOOR UNKNOWN) (IF YES, C	ARMED FORCES? GIVE WAR OR DATES)	577-07-5		Margaret W.			ress : # 13e	Same a	S

4349 Conditions, if ony, which	DUE TO, OR AS ACONSEQUENCE OF Cerebral Vissa den Descripe	5 year
gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	9

IN CERTIFYING CAUSES OF DEATH?

NON YES [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21e PLACE OF INJURY 21d. INJURY OCCURRED CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

220.1 certify that (1) this hospital) sow the deceased alive on above. (1) we) (did) (did no

SIGNATURE DEGREE 22t. DATE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT) WILLIAM A WIMSATT, M.D. 22e ADDRESS 8150 Lakecrest Dr. Greenbelt, Maryland

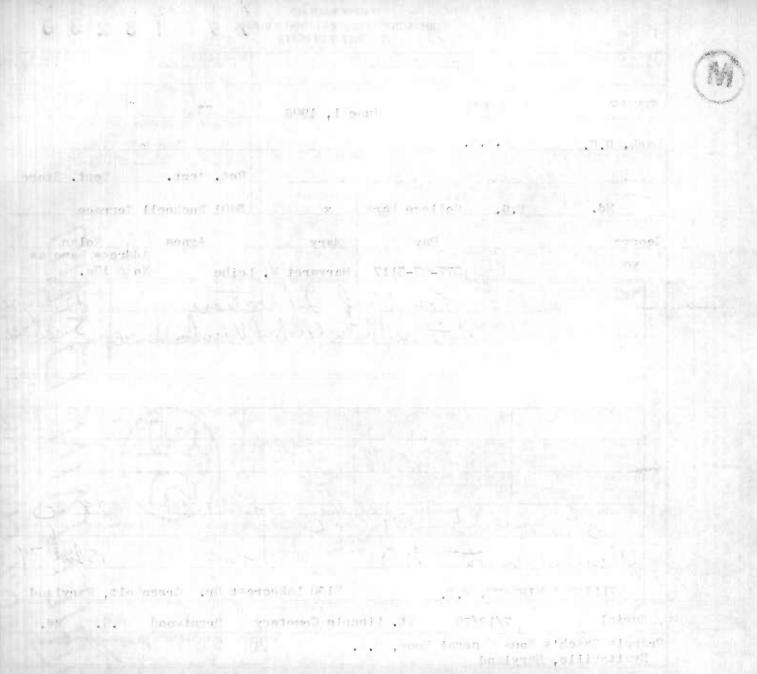
23d. LOCATION CITY OR TOWN Brentwood 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY P.G. STATE Burial 7/18/79 Ft. Lincoln Cemetery Md.

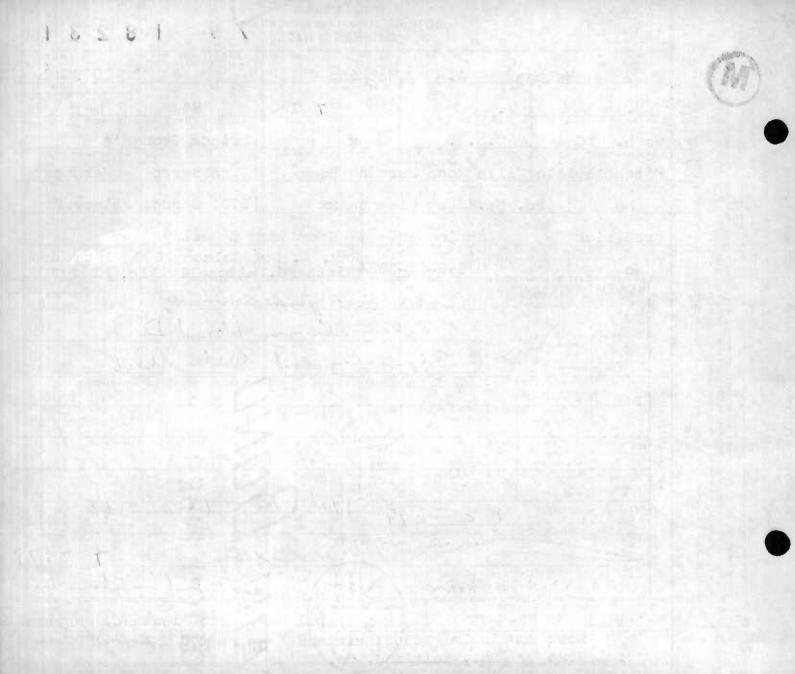
Francis Gasch's Sons Funeral Addres, P.A. Hyattsville, Maryland

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME LAST 2n DATE OF DEATH 26 HOUR MONTH TYPE OR PRINT William 11:534 July 16, 1979 J. Wayman 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX HOURS March 7, 1926 Male White 53 75 CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** To BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED U.S.A. Pr. Geo. Co. Washington D.C. WIDOWED DIVORCED [IS CITY OF TOWN OF DEATH 120 USUA DOGG BANDON
(TYPE OF WORKEOR MOST OF WORKING LIFE) IN MANO OBAUM ESS OR INDUSTRY
Cab Co. 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Cab Driver Cheverly DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Pr. Geo. Gen. Hosp. USUAL RESIDENCE (# MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130: STATE 13b: COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS filled buld b 134 INSIDE CITY LIMITS? 9348 Cherry Hill Road Apt 604 College Park Maryland Prince Geo. YES TO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME William Mary MIDDLE Williams Wayman 91620 Road the WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OF DATES Edith M. Waymant 223 22 7314 Greenbelt, Maryland 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o ŏ A DONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (o), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 0 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [shov Mentol Hygie 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21+ PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STATE NOT WHILE man 22a.1 certify that (1) (this hospital) attended the deceased fram. sow the deceosed alive on 300 12 12 above, (1) (we) (did not) view the bady after death and that in (my) (601) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE 22c. DATE SIGNED DESHI ATTENDING should be deto with the State [IMPORTANT: If PHYSICIAN DIRECTOR PHYSICIAN 7-16-79 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 6490 Landover Rd. Cheverly. Md. Don B. Cameron, M.D. 230. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) 7/19/79 Warrington Cem. Buria1 Warrington Pauguire Va. BY REGISTRIAR 256. BASE OF THEMES AND THE RELIGION 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) F. Gasch's Sons F.H. P.A. Hyattsville, Md.



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. deschis Sons T.D. C. . Heartsville, Md.

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Funeral



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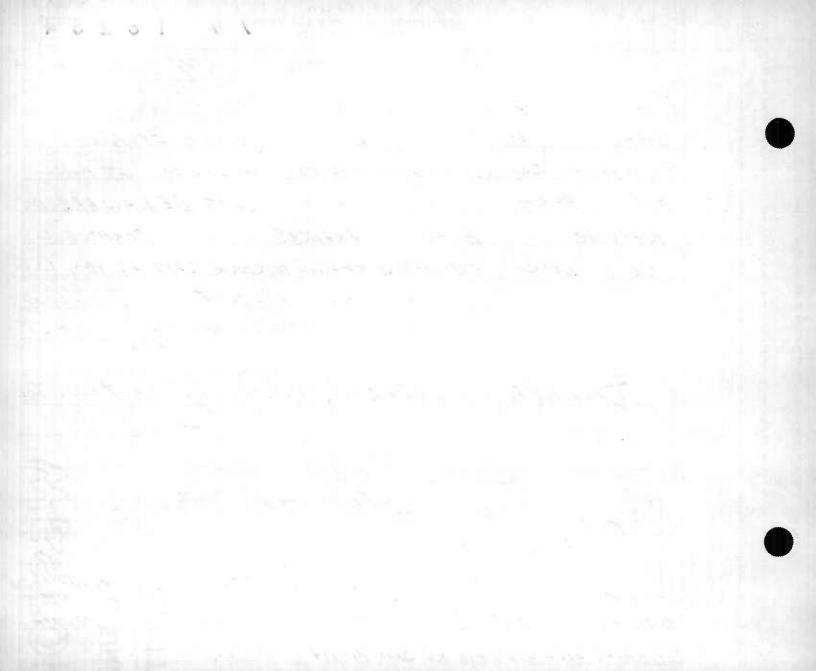
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE



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	FOR		DEPAR		E OF MARYLAND IEALTH AND MENTAL HYG	IEND AS		D. Beile	
	- STATE REGISTRAR				ICATE OF DEATH	REG. N	8	2 3	6
q	I. DECEASED NAME (TYPE OR PRINT)	William	A.	W.	hite	July 7,		NY YEAR	26 HOUR 5:45
1	3. SEX	4 RACE		5 DATE O		6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24
84	Male	Blac	-	Augu	st 16, 1914	64	YRS		HOURS
M	70 BIRTHPLACE ISTATE ORF COUNTRY) Washington, I		of what country sed States	MARRIE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY C	George George		
	Glenn Dale	ATH 11. NAME	Glenn Dale	Hospi	Tal	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST C Porter		126 KIND O INDUSTRY	FBUSINES
r must be	USUAL RESIDENCE (IF NUR 130 STATE Maryland	136 COUNTY	UTION, GIVE RESIDENCE BEFO 13c CITY OR TO Lanham	ORE ADMISSION) WN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 5411 Barke	r Plac	e	
mine	14. FATHER'S NAME FIRST	WIDDLE	LAST	170.35	15 MOTHER'S MAIDEN NAM	MIDDLE		LAS	
exom	Lucian		White		Carrie	4000	500	Hawk	
medicol	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATE	ES)		17 INFORMANT			ver,Md	•
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ent, 1	PART I. DEATH W	H (Enter only one caus /AS CAUSED BY.	e per line for (a), (b), o	neumor	ia			Day	MATE INTERV
er troumotic e	Londitions, if any gave rise to improve couse (a), statis	mediote	O, OR AS A CONSEQ b) Acute R	enal F	ailure			wee	
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injury, o	PART 2 OTHER SIGN	lerosis; U	ns <u>contributing to</u>	ct inf	not related to the term ection; Strok	NAL DISEASE OR CON	DITION GIVE	N IN PART 110	
sows any	Arterioso 190. DATE OF OPERA 218. ACCIDENT WAS UN	TION 19b. C	ondition for whic	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH
		CAUSE OF DEATH HOU	ME OF INJURY R. A.M. MONTH I P.M.	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PAR	RT 1 OR PART 2)	
rkedor	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d INJURY OCCUR WHILE NOT W AT WORK AT WO	HILE (AT HO	ACE OF INJURY ME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	WH	COUNTY	STAT
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T: If Item	226. SIGNATURE			Rs m.	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	July	
IMPORTANT	James	W. Wills,	M.D.		22e ADDRESS G1	enn Dale Ho enn Dale, N		id 2076	9
	BURIAL, CREMATION, (SPECIFY) Burial		,		emetery or crematory ad National Ce	23d. LOCATION CITY OR TOWN		OUNTY	rland
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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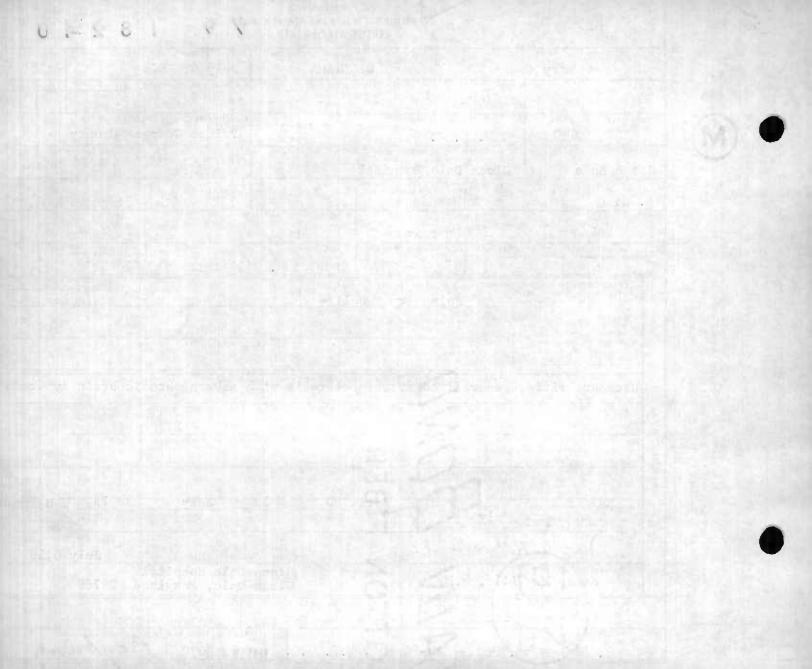
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nay be page 3 :r death	{TYPE OR	PRINT)	HARRY	L		WIL	HELM		07 15		6:50 M
moy , pog	3 SEX			4 RACE		5. DATE O	F BIRTH DAY YEAR	& AGE (IN YEARS LAST BIRT		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN
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a Figure		HPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 1.	NEVER MARRIED	BALTIMORE CITY O	R COUNTY (OF DEATH	
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with with the de		OR TOWN OF DE		11. NAME OF	HOSPITAL, NURS	ING HOME O	R OTHER INSTITUTION	12a USUAL OCCUPAT	ON	12b. KIND C	OF BUSINESS OR
_ 5 to 5/1/1	C	HEVERLY		PRINCE	GEORGE T	S GENE	RAL HOSPITAL	Foreman	F WORKING LIFE]	PEP	co
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AND 21:		ryland		ce Geo.	Hyatts		YES X NO	4410 Og.	lethor	e Str	eet _
athm ately 2 sh	I4 FATE	HER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME "	53	la.	67
MAR ed w ond		John		J.	Wilhe	lm	Elizabeth	- Middle	٠.		enomay
Solo I		S DECEASED EVE			166 SOCIAL SEC		17 INFORMANT	ADDRE	ss 3709		. Place
MORE, n and co Pages 1	(YES	, no or unknown)	{IF YES, GIV	E WAR OR DATES	577-09	-3349A	Loretta Y. 1	Hopping			ty, Md.
ALTI re by ders.	T ₁		TH (Enter or	ly one couse per	line lar (a), (b), a						ONSET AND DEATH
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W. W. th		cause (a), stat underlying cau:		DUE TO, O	R AS A CONSEQ	UENCE OF					
s that s that ed by oleose or oth				(c)	DATE DIRECTO	DE ATH BUT	NOT RELATED TO THE TERM	INIAI DISEASE OR CON	DITIONICIVE	NI INI DART 1	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC PHYSICIAN. The law requires that the death certificate be executed within 24 hours of contending physician. When this certificate has been signed by the ottending physician and campletely filled in by as the burial strong permit. Then please remove corban papers. Pages 1 and 2 should be filled in and Mental Hygiene prior to burial, cremotion, or removal.		ART 2 OTHER SIC	SNIFICANI	CONDITIONS CO	JNIKIBUTING TO	DEATH BUT	NOT RECATED TO THE TERM	MINAL DISEASE OR COIN	DITION GIVE	IN HALAKI II	
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AL REC	F.							YES NO	IN CERTIFY YES	_	S OF DEATH?
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rSIC ling cer vorio Aent		(IF EITHER, NOTIFY MED		P. 21e PLACE	M. OF INJURY	19	211 LOCATION				
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DIVISION OF POLICE PLANTS After 1 Afte	l ⊩	T WORK ATV	WORK -				7/9 1079		7/15.	. 75	d - 00 (=) (- 1
= 5. 60 .	2	2a I certify that (30	d that in (my) (aur) apinian	death accurred on the d	ate and hour		that (I) (we) last
haspital haspital RECTOR RECTOR FEE for unded for under 1 is fem 21 is	J ₋	abave, (1) (we)	(did) (did no	at) view the body					are and noor		
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2 € ₹ # 3 ₹	23a. BU	RIAL, CREMATION	N, REMOVAL				EMETERY OR CREMATORY	234. LOCATION		OUNTY	STATE
	Bi	urial		July 18	3,1979	Fort :	Lincoln Cem.	Brentwo			
DHMH-16 20M		VERAL DIRECTOR			ADDRESS			E REC'D. BY REGISTRAR	256 REGISTR	AR'S SIGNA	TURE
(VRA 15, 4) 7/78	Cl	nambers I	Tunera	l Home -	- Riverd	ale, Ma	aryland III 9	0 1979 to	try	Cheed	4



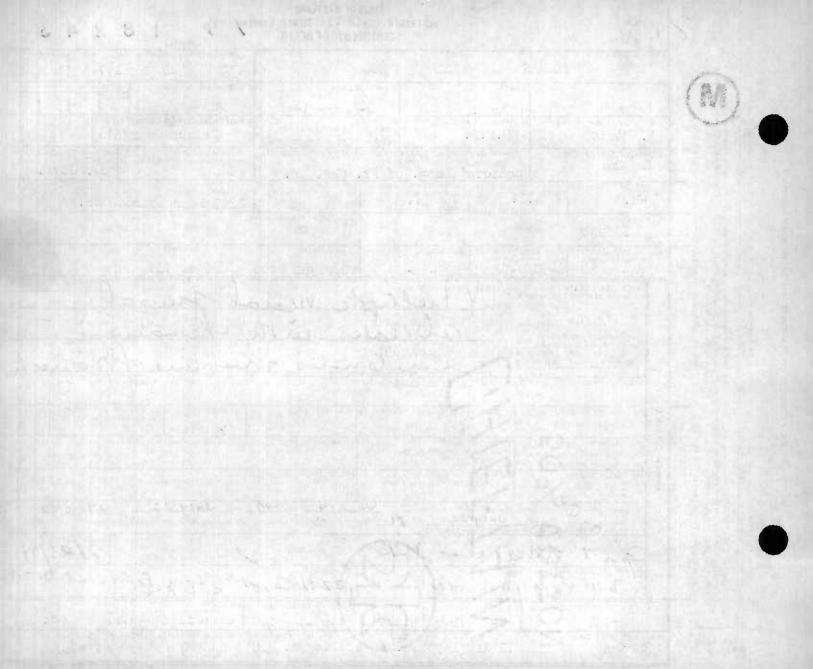


	1.	FOR STATE REGISTRAR				TMENT OF P	E OF MARYLAND SEALTH AND MENTAL HY SICATE OF DEATH	R	EG. NO.	8	2	4 1
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neral di n.72 ho		RTHPLACE (STATE OR FOI OUNTRY)	REIGN 76	U. S.	WHAT COUNTRY	MARRIE WIDOW	D NEVER MARRIED DIVORCED	DO INI	E GEO		DEATH	2)
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d with	14. F/	THER'S NAME FIRST	MIDO	OLE WILL	LAST		15. MOTHER'S MAIDEN N FIRST		OOLE BE	Rujos	Ę.A.	51
8- 48-70		VAS DECEASED EVER I			166 SOCIAL SE	CURITY NO	17 INFORMANT		ADDRESS			
be exe		YES, NO OR UNKNOWN)	KGREN		577-32-	9395	BARBARH 1	WILLIAMS -	SAME	AS.	#13	ABOVE
requires that the death certificate in signed by the attending physicis. Then please remove carbon paper or to buriol, cremation, or removal rigiusy, or other froumatic event, the	NOI	Conditions, if any, gove rise to imm couse (0), stating underlying couse	which ediate the	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEC	UENCE OF C.V.	A. CLINICAL NOT RELATED TO THE TE		RCONDITK	DN GIVEN	IN PART 1	(a)
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PHYSICIAN: The le ending physicion. this certificate has be buriol-transit per id Mental Hygiene d or frem 18 shows	MEDICAL CE	218. ACCIOENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF GEATH	P.	.M. MONTH M	DAY YEAR	21c HOW INJURY OCCI	URRED (ENTER NATURE	OF INJURY IN I	TEM 18, PART	OR PART 2]	
d d d d d	MED	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE [21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC }	211 LOCATION STREET	CIT	Y OR TOWN		COUNTY	STAT
TTEN pitol TOR for us of He		22a. I certify that (I) sow the decease abave, (I) (we) (d 22b. SIGNATURE	d olive on	7.	19	~ ~	nd that in (my) (our) opinion	on death occurred o	the date o	nd hour or		that (I) (we couses state
T DOO T		22d. PHYSICIAN'S NA	DO:	39_	_		M) ATTENDING PHYSICIAN		STAFF	Ø,	7/1	3 79
TO HOSPITAL retoined by t TO FUNERAL should be default the Stote with the Stote	22.7			15.	R. 02A	, NAME OF	FIG.	CH,	(he	ve	R/4
	7300	BURIAL CREMATION,	KEMOVAL	236. DATE		JARME OF	1 ^	EM. HIGHL	WN	PARK	UNIT	STATE
BP	24 F	UNERAL DIRECTOR		1-11-			25g. D			TSUSEBA	A	Nus.
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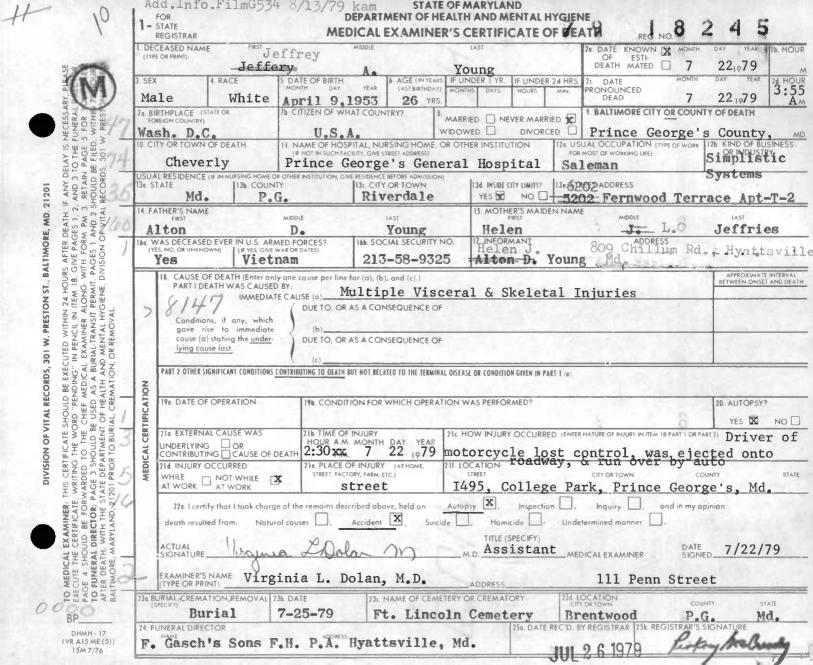
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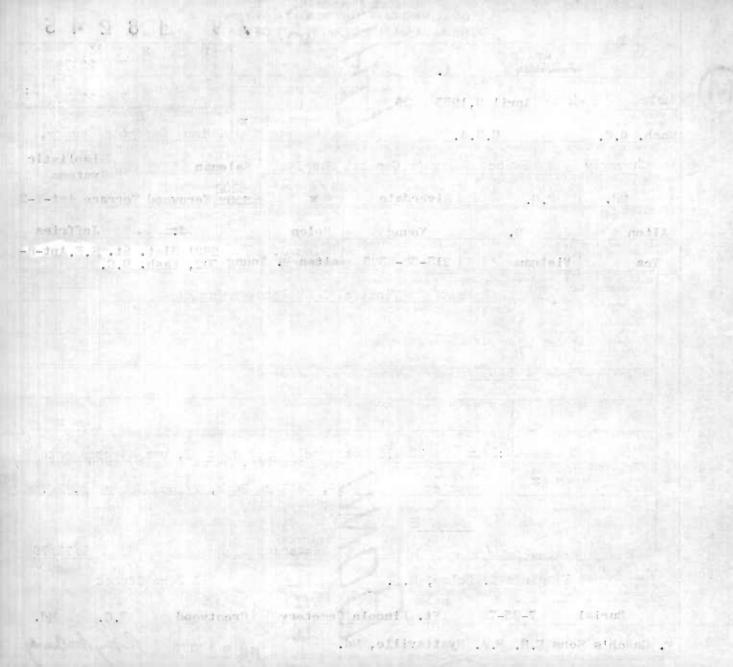
3	1	FOR - STATE REGISTRAR		DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENY 4	18:	2 4	3
5 T-E	1. DE	00.1000 1170110	OMAS	LEE	WOOL			MONTH DAY		26 HOUR 1:30A
(All)	3. SE	X	4 RACE		S. DATE OF		6. AGE (IN YEARS LAST BIRTH		DER I YEAR	IF UNDER 24 HRS
(svi)		Male	Cauc		MONTH 5-	29- 1940	39	YRS.	DAYS	HOURS MIN
earth. Par neral in 72	7a. B	IRTHPLACE (STATE OR FOREK		WHAT COUNTRY?	MARRIED WIDOWED	■ NEVER MARRIED	9 BALTIMORE CITY OF			M
s ofter d by the fu iled with		ITY OR TOWN OF DEATH Lanham	(IF NOT IN SU	CH FACILITY, GIVE STREET	NG HOME OF	Geo. Co.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) IN	KIND OF	BUSINESSO
filled in rould be in myst be	USU 13a.	AL RESIDENCE (# NURSING STATE MO.	HOME OR OTHER INSTITUTION	136. CITY OR TOW Gambril	PE ADMISSION)	3d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2287 Four	Seasons	Dr.	
completely 1 and 2 sh	14 F.	Ernest	MIDDLE	Wood ^{est}		S. MOTHER'S MAIDEN N. Ruth	AME	Honea	LAST	
cate be executed within 24 hours ystation and completely filled in by opers. Pages 1 and 2 should be fill wal.		WAS DECEASED EVER IN L YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES* YES, GIVE WAR OR DATES -58/8-62	525-80-		7. INFORMANT Perlynn Woo	d Same as 1			
NG PHYSICIAN: The law requires that the death certification and the death certificate has been signed by the attending phots the buriel transit permit. Then please remove carbon phond Mental Hygiene prior to burial, cremation, or removed or them 18 shows any injury, or other traumatic every	NO		ote the ost. (c)	OR AS A CONSEQUI	ENCE OF	of RELATED TO THE TERM	Men See DISCOND	allo of the in	No.	worl
he law rendan. hos been the permit. It iene prior tows any is	CERTIFICATION	19a DATE OF OPERATION	196. CONE	DITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY? YES ☑ NO□	206. IF YES, WER IN CERTIFYING YES	E FINDING CAUSES C	GS USED OF DEATH?
SICIAN: TI ng physici certificate rial-transi ental Hygi ltem 18 sh		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR A	OF INJURY .M. MONTH D, .M.	AY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR	RPART 2)	
uG PHYSIC ottending often this certifer this certifer the burions he and Mentituded or liter	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME CT	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	v coi	UNTY	STATE
ATTENDIP tospital or ECTOR: At ed for use of ot. of Healt		220. I certify that (1) this saw the deceased a above, (1) (we) (did) 226. SIGNATURE	s hospital) attended the live on July (did not) view the body		79, ond	that in (our) ppinion	to July 2 death occurred on the dot		from the co	
ITAL OR by the h RAL DIR detache State Dep		Dir X. 7		M, coi	10	ATTENDING PHYSICIAN	MEDICAL STAFF		DATE S	3/79
TO HOSPITA TO FUNERA Should be dea			ratinos				serior Lang	Lowie,	red	. 2071
BP	(BURIAL, CREMATION, REA SPECIFY) Burial	7-27		chols	metery or crematory Bethel	City OR TOWN Gambrills	A.A.	Υ	Md .
DHMH - 16 50M 7/77 (VR A 15 (4))		UNERAL DIRECTOR	12 Ri	dgleV°Ave	. Anna	polis Md. II	TE REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S	SIGNATU	RE



V	500		STATE OF MARYLAND							
A	FOR STATE REGISTRAR		T OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	GIENEY 9	8 2 4 4					
	1. DECEASED NAME FIRST	WIDDIE	LAST	REG. NO.	DAY YEAR 2b HOUR					
noy be page 3 pr death	(TYPE OR PRINT) ROSEMARY	J. WOOLERY		JULY 7, 1979	10:55a M					
moy , pog	3. SEX		DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS					
ge 4 ector rrs off	Female	cau.	6 18 1920	59 YRS	MONTHS DAYS HOURS MIN					
Po dir	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8	AARRIED A NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH					
	England	USA	DOWED DIVORCED	Prince George	MD.					
i UVU	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR INDUSTRY					
1201	Lanham	Doctors Hospital OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM		Homemaker	Home					
MARYLAND 2120's ed within 24 hours ond 2 should be exominer must be	13a. STATE	UNIY 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS						
LAN hin 2 shoul	Md. Prin 14. FATHER'S NAME	ce George Bowie	YES NO 15. MOTHER'S MAIDEN NA	2919 Barrister	Lane					
ted with order of a complete o	FIRST	MIDDLE LAST	FIRST	WIDDLE	LAST					
. + 0 _ /	Theodore 160, WAS DECEASED EVER IN U.S. A	Maynard ARMED FORCES? 166. SOCIAL SECURITY	NO. 17 INFORMANT	ADDRESS	Casey					
BALTIMORE.	I yes, no or unknown) I if yes, g	215-56-1878		Como on 120						
ALTI rte borers. Ders.		only one couse per line for (a), (b), and (c)	Donald Wooler	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
T., B.	PART I. DEATH WAS CAUS	SED BY ATE CAUSE (0) Cercly	o - vascular	- accident	SEL WELL ONSEL AND DEATH					
ON S dring arbo or re	2.390	DUE TO, OR AS A COMSEQUENCE	OF A	Λ	3					
PRESTON he death contending move cark mation, or recommotic	Conditions, if ony, which	(1b) Bilat	cest prem	ants 5	17 days.					
W. PR to the by the sse rem , cremo	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE	OF/	1. 1	221					
0 + per 5	underlying cause lost	underlying cause lost (c) noting envire gaphetony to punot a days								
tos, 20 signe l'hen pl ta bun		CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PART 1(0)					
CORD been s mit. Th orior to	A 190 DATE OF OPERATION	- parties and which are	y defease	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED					
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offer this certificate has been sig os the buriel-transit permit. Then th and Mental Hygiene prior to b nocked or them 18 shows any injury	TION ACCIDENT WAS UNDERLYING	9 Warshis obju		IN CERT	FYING CAUSES OF DEATH?					
F VITAL IAN: The physicio physicio e ificate e l'Ironsit ol Hygie ol Hygie ni 18 sho	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	-11	YES NO Y	ES NO PART 2)					
N OF VI	OR COLUMN COLUMN COLUMN COLUMN	EATH HOUR A.M. MONTH DAY	YEAR							
PHYSE cending this ce burind Merind Aer	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION							
DIVISION OF POINTS PAtter 11 After 11 and olth and marked	WHILE NOT WHILE AT WORK	AT HOME, STREET, FACTORY, OFFICE, FARM,	ETC.) STREET	CITY OR TOWN	COUNTY STATE					
Do A a D E	220.1 certify that (I) (this has	pitol) ottended the deceased from	June 12 19 19	to July ?	19. 79 , that (I) (we) lost					
ATTEN ospital ECTOR: d for us	sow the deceased alive a	in	ond that in (my) (our) opinion	death occurred on the date and ho	ur and from the causes stated					
Che har	THE SIGNATURE	to On	DEGREE	MEDICAL CTAFF	224. DATE SIGNED					
PITAL oby the	1/100	reamen	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1///4					
O HOSPITAL TO FUNERAL should be det with the State	224. PHYSTCIAN'S NAME (TYPE		27a ADDRESS	. 1. 0.	100 300 10					
TO HOSF TO FUNI		CARILLO	3231 Sup	enora, um.	e Md, 20715					
11/01/	230. BURIAL, CREMATION, REMOVA (SPECIFY)		E OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE					
BP	Cremation 24. FUNERAL DIRECTOR	7-9-79 Ceda	r Hill Cremator	Suitland P	.G. Md.					
DHMH - 16 50M 7/77 (VR A 15 (4))	W.W. Chambers Co	. Riverdale,		EREC'D. BY REGISTRAR 256. REGIS	rofry Melessely					
	m.m. Chambers CC	in veruare,	THAT I TOUTEN		1 1					

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH 26 HOUR (TYPE OR PRINT) ESTI-10:15 GREGORY DEATH MATED JULY 24 1979 LAWRENCE ZINN 2d. HOUR & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 4 RACE DATE 10:15 LAST BIRTHDAY PRONOUNCED DEAD MALE white JIII.Y 24 1950 29 YRS THEY 24 MO 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF b. CITIZEN OF WHAT COUNTRY MARRIED X NEVER MARRIED FOREIGN COUNTRY NEW JERSEY USA WIDOWED _ DIVORCED . PRINCE GEORGES COUNTY 12a USUAL OCCUPATION (TYPE OF WORK 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS OR INDUSTRY ANDREWS AFE SCHOOL TEACHER MALCOLM GROW USAF MEDICAL CENTER SCHOOL OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) USUAL RESIDENCE (IF IN NURSING 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a. STATE COUNTY OHIO ATHENS LITTLE HOCKING YES 41 TERI LANE 15. MOTHER'S MAIDEN NAME # FATHER'S NAME MIDDLE MIDDLE FIRST TAYLOR BURGER ZINN JR (L) ELSIE (L) HELEN DAWBIDA 16b. SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7201 THOMAS DRIVE (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-58-0560 NO TAYLOR ZINN UPPER MARLBORO, MD 20870 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per l BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (or Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a, DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO BURIAL 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME. 211 LOCATION 21d. INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY DIRECTOR: WITH THE S 22a, I certify that I took charge of the remains described above, held an and in my apinion ARYLAND deoth resulted fram: Suicide Hamicide Undetermined monner Natural causes TITLE (SPECIFY) TO MEDICAL E
EXECUTE THE C
PAGE 4 SHOU
TO FUNERAL D
AFTER DEATH, 8ALT,MORE, MA EXAMINER'S NAME ADDRES 5009 Rayburn Ct., Camp Springs. Md. 20031 Mugusto P. Rodr 23d. LOCATION 23a.BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 23c. NAME OF CEMETERY OR CREMATORY 7/28/79 Mt. Olivet Cemetery Parkersburg Burial BP. 24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral DHMH - 17 (VR A15 ME (5)) Bethesda, Maryland Homes. P.A. 15M7/76

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